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ORIGINAL COMMUNICATIONS.

On the Director and cutting Gorget. By W. R. Wilde, M.D., of Dublin, (Ireland,) Editor of the Dublin Quarterly Journal, etc.

To the Editor of the Medical Examiner.

Sir,—In the July and November numbers of the Medical Examiner of last year, I perceive that a discussion is pending between two of your countrymen, Professor Mettauer and Mr. Elliott, with regard to the priority of inventing a peculiar form of Director and cutting Gorget for performing the operation of Lithotomy. Conceiving that an injustice has been done (I am willing to hope unintentionally) to three distinguished Irish surgeons, two long since gathered to their fathers, and one the present father of the Surgical Profession in Dublin, I beg to solicit the insertion of the following observations in your valuable journal—preferring the pages of a native periodical, as being more likely to effect the object I have in view, than either those of my own, or any of those published in Great Britain.

The question at issue between Messrs. Mettauer and Elliott, is as to the invention of two instruments; a straight director to be introduced into the bladder (after the external incision has been effected with the knife) by means of a beak, inserted into the groove of the ordinary staff;—and a cutting gorget-like knife with such a mechanical contrivance at its extremity as shall retain its point moving in a line with a director, while with its curved edge the prostate and bladder are divided.

I shall not enter into a description of the rival instruments of your countrymen, because the subject is no doubt fresh in the recollection of your readers, and because, in principle and design, they are essentially the same; nor will I in this notice entertain the question of the value of these instruments, or the so-called superiority of the operation in which they are used, over other and more generally employed modes of operating in Europe, and Great Britain in particular.

In the year 1750, Mr. Daunt, an eminent surgeon in this city, contrived a conductor and lithotome, figs. 1 and 2, which were considered at that time the best instruments that had been invented for obviating the disadvantages of the cutting gorget of Hawkins, then much employed in this country, and of securing "to the operator a certainty of dividing the membraneous part of the urethra, prostate gland and neck of the bladder, without putting his dexterity to any severe trial." * * * "Having then opened the membraneous part of the urethra, the operator introduces the conductor along the groove of the staff into the bladder; he then withdraws the staff and takes the conductor in his left hand. Having introduced his two fore-fingers into the handle A, he places his thumb over the bow of the instrument B, which gives him an entire firmness as to the rest of the operation. He then lateralises the conductor by the pronation of his wrist, and takes the lithotome and engages it on the crest of the conductor, and finishes the operation by running the lithotome along the crest. Having arrived at the extremity of the conductor, he withdraws the knife along the crest, and then introduces the forceps on the conductor, which withdrawn, he proceeds to the extraction of the stone."*

In 1754, these instruments with a description of them were sent to the celebrated Morand, who presented them to the Royal Academy of Surgery in Paris, who appointed a committee to decide on their merits, and the "Academie des Sciences" published an account of them in their transactions.

On the 22nd February, 1755, M. Audouillé, the Secretary of Foreign Correspondence of the French Academy, addressed to Mr. Daunt a letter expressing the favourable opinion which that body entertained of his new invention, but likewise stating that the committee suggested that if the point of the instrument (lithotome) was made a little broader, and more convex, and the base narrower, it would, they conceived, effect the desired object with greater facility.

Several years afterwards, but during (I believe) the life time

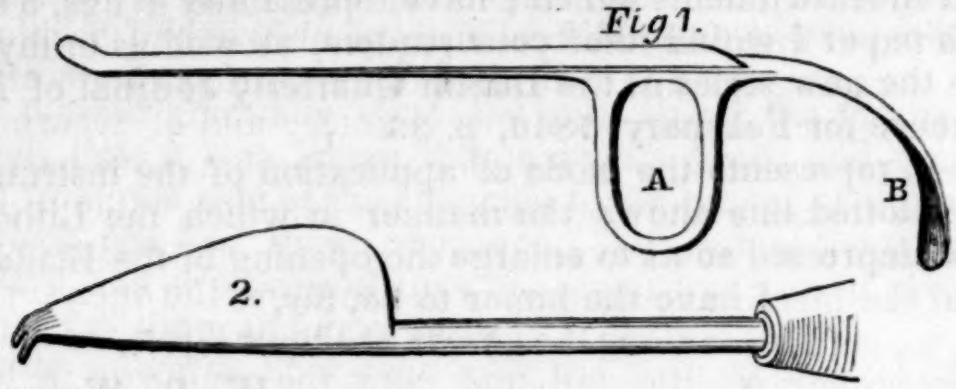
* Observations on the Hydrocele, &c., to which is added a comprehensive view of the different methods of cutting for the stone, &c. By William Dease, Dublin, 1702. 8vo. pp. 149.

of Daunt, the elder Dease, in whose hands the correspondence of the French Academy was placed by Mr. Daunt, acting upon the suggestions of the Parisian Surgeons, modified the instrument, and gave it the form represented in fig. 3.

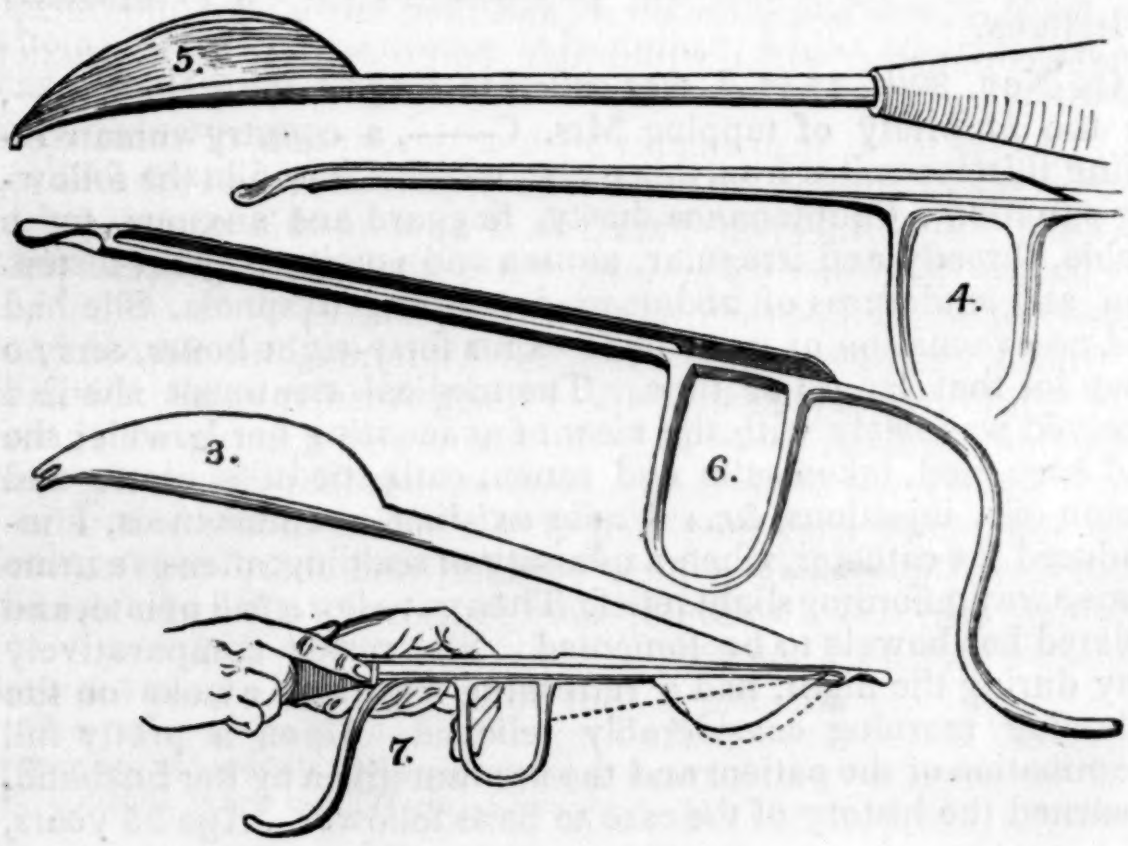
Mr. Dease likewise gave the staff which he used a greater curve than the generality of instruments have.

Fig. 1 represents the original conductor, and Fig. 2 the lithotome of Mr. Daunt—

Fig 1.



With these instruments, Mr. Morris, a Surgeon of Mercer's Hospital in this city, extracted in the year 1773 from Mr. Orford, then aged 56, one of the largest calculi that, as far as I am aware, have been recorded as having been extracted entire by the lateral operation. It weighed 15 ounces and a half, and is figured in Mr. Dease's book.



Figs 3 and 4 are the instruments of Mr. Dease.

In 1807, the present Mr. Peil of this city, and in his day one of the most eminent Lithotomists in Great Britain, improved upon the inventions of his predecessors by substituting a groove in the director instead of the keel which it formerly possessed, and adapting to this one beak to the end of the lithotome instead of the two possessed by the instruments of Messrs. Daunt and Dease.

Mr. Peil published an account of these instruments in the Dublin Medical and Physical Essays for March, 1807, and also figured the instruments which I have represented in figs. 5 and 6. To this paper I would refer your readers, as well as to my Preface to the new series of the Dublin Quarterly Journal of Medical Science for February, 1846, p. 33.

Fig. 7, represents the mode of application of the instruments, and the dotted line shows the manner in which the Lithotome may be depressed so as to enlarge the opening of the Bladder.

I have the honor to be, Sir,
Your obedient serv't.
W. R. Wilde.

Dublin, 16th April, 1846.

Note—The Figures are reduced to about three-sevenths of the size in the drawings sent by the author, to adapt them to our page.—Ed.

Case of Ovarian Dropsy, treated by Tapping and Iodine Injection. By Benjamin A. Allison, M. D., of Spencer, Indiana.

On Nov. 30th, 1844, I was called to consult with Dr. F——, on the propriety of tapping Mrs. C——, a countrywoman residing thirteen miles from this place, whom I found in the following situation; Countenance dusky, haggard and anxious, pulse feeble, thready and irregular, nausea and vomiting, great distention and tenderness of abdomen, destressing dyspnœa. She had had no evacuation of urine or feces for forty-eight hours, and no sleep for that length of time. The medical treatment she had received was solely with the view of evacuating her bowels; she had been bled, taken salts and senna, cathartic pills, castor and croton oils, injections, &c. Under existing circumstances, I introduced the catheter, when a quantity of scalding, offensive urine came away, affording slight relief. Then gave her a full opiate, and ordered her bowels to be fomented. She rested comparatively easy during the night, had a refreshing nap, and awoke on the following morning considerably relieved. Upon a pretty full examination of the patient and the account given by her husband, I learned the history of the case to be as follows: Age 35 years,

mother of two children, and now five months pregnant with the third. Was remarkably healthy until 21 years of age—the date of her marriage. Two weeks after the nuptials, "the custom of women being upon her," she was exposed to a cold chilly rain, and suppression of the discharge followed.

About a month from this time she noticed a tumor in the pubic region; she thinks it was rather to the right of the median line; was the size of a hen's egg, tender to the touch, and throbbed when pressed upon. In due time her menses became re-established, but attended with pain in the uterus, headache, and loss of appetite.

The tumour gradually increased until about the fourth year, at which time it was larger than a man's head, and could be moved from one side of the abdomen to the other. During these four years she had three abortions. The tumor now became stationary, and in process of time she discovered herself pregnant, went her full time and gave birth to a healthy infant.

In little upwards of a year after the birth of this child, she gave birth to a second. After the birth of the latter the tumour began to increase sensibly, and by its weight and pressure soon made serious inroads on her general health.

She has suffered, from time to time, a variety of unpleasant symptoms, among which costiveness has been the most troublesome—giving rise, if not relieved, to sick-headache, great pain and swelling of the bowels.

She has been under the care of different physicians, some of whom pronounced the disease to be dropsy, whilst others regarded it as arising from the presence of worms in the bowels, and treated her accordingly.

Upon examination of her abdomen, fluctuation was evident. There was no question as to the presence of a fluid. Was it proper to tap, was the only question. She earnestly desired to be tapped; to use her own words, she "thought it might keep her from smothering to death." I operated, and owing to her pregnant state, introduced the trocar considerably higher up than is usual. I drew off gradually upwards of four gallons of water, and left about as much in her. After she rallied from the effects of the operation she felt great relief, and on the following night her bowels responded to a mild cathartic. From this time the case was placed under my care. It would be useless to give you all the particulars of the case from that time to the present.

She enjoyed passable health until a few weeks before the birth of her child, which she carried nine months, but owing to her feeble situation did not suckle it. After this the dropsical effusion began to increase rapidly, and I soon found it necessary to tap her

the second time; and so on, as occasion required, until she was operated on five times. The fluid was variously coloured; at first it was a sort of straw colour, then the colour of ley, then milky, with particles like wheat bran floating in it.

The remedial agent from which she appeared to derive most benefit was the iodide of potassium, in connection with squills and juniper berries. These produced a profuse discharge of urine without deranging her stomach and bowels. When such derangement did happen, whether from medicines or other causes, the pulv. Ip. com. generally gave decided relief. At times it appeared as though she would get well, but the relief was not permanent.

Her strength gradually failed, progressive emaciation followed, her extremities dwindled away to the least possible size, and following this, they swelled to such a degree that bandages were necessary to keep the integuments from giving way. Such was her condition when I tapped her the last time, August 9th, 1845. After I operated this time I concluded to introduce a tent, and thereby allow the fluid to escape as fast as it might accumulate. Accordingly I introduced a silk chord one sixth of an inch in diameter, and instructed her husband in its use. It had the desired effect; he drew off the fluid at his pleasure without causing any material pain.

Thus matters progressed until the last of November, at which time I visited her, and found that during my absence the disease had been gradually getting worse. The discharge had become less, but almost puriform, hectic had set in, and night sweats tormented her most grievously. She was a living skeleton, and utterly unable to turn herself in bed. I looked upon her condition as entirely hopeless, but concluded to inject a solution of iodine into the dropsical sack as a last resort. I did so, and the symptoms that followed were truly alarming, and could not be entirely controlled. They subsided, however, in a few days, and she commenced improving. The discharge rapidly decreased until it almost ceased entirely. The superficial veins became visible, and her sallow features were lighted up with the glow of returning health. But her bowels were irregular, digestion feeble, and she suffered much with flatulence. To remedy this condition I put her upon a pill composed of aloes, quinine, sulph. iron, ginger, and ext. gentian. It had a very fine effect; kept her bowels regular, improved the tone of her stomach, and prevented flatulence. She continued the use of the pill for nearly four months.

A short time since her husband called to tell me her condition. She is enjoying better health than she has done for twelve years. Weighs about one hundred and fifty pounds, and is able to do her housework. Her colour is fresh and good.

The tent remains in, but the orifice is greatly inclined to heal; so much so, that processes of skin are thrown out around it. Occasionally the discharge amounts to a tea-spoon full of purulent matter in the course of twenty-four hours, and now and then it ceases altogether for a few days. She suffers considerably, especially of nights, with pains in her joints; they are also inclined to be stiff. She has had no return of the menses, but for four months past, at regular periods four weeks apart, she has had a discharge from the tent orifice, resembling the catamenial discharge in every particular; it continues five or six days, and discharges about a pint. She does not experience aphrodisiacal desires; the only feeling she has had that approached any thing of the kind, occurred one night in a dream.

[We have given the preceding case in the plain unvarnished language of the author, who is a young but respectable practitioner in the State of Indiana, in whose report we have entire confidence. The injection of iodine into the ovarian sac was certainly a hazardous experiment, to which he was doubtless led by the apparent hopelessness of the case, and the success which has attended its employment in dropsies of other serous cavities. The remedy is scarcely more dangerous, however, than ovariotomy, and in this instance seems to have been quite as fortunate. Nevertheless, we should ourselves hesitate before employing it.—Editor.]

On the Olfactory Powers of the Turkey Buzzard. By N. Mendenhall, M. D., of North Carolina. (In a letter to Prof. Dunglison.)

In reference to the sense by which the Turkey Buzzard is guided in the search of its food, the experiments of Audubon, &c., would appear to be conclusive, inasmuch as they seem to prove that this bird is not guided by the sense of smell, but that it is led by the sense of sight only. I am not aware of the precise circumstances under which these experiments were conducted, yet from facts which are known to myself, I cannot but infer that there must be some fallacy in the conclusions to which they lead.

It is a very common practice in our part of the Union, when any animal dies, to drag it into some deep ravine in the neighbourhood, and there let it putrify and be devoured by the buzzards. These ravines or hollows are generally surrounded by

bushes and trees of a very luxuriant growth, and notwithstanding the foliage is so thick that the rays of the sun cannot penetrate it,—thus rendering it in the highest degree improbable that any thing under them could be distinguished by a bird in the air—yet we find the dead animal surrounded by buzzards—so far as I know, never before, but as soon as it begins to emit a perceptible odour.

I could relate instances, too, of snakes and other small animals being killed and thrown out into a thicket of bushes and weeds so dense as to render any small object invisible at the distance of two or three feet; yet whenever the smell of putridity became marked, these vultures were attracted to it in considerable numbers. What makes me the more certain that they were led here by the sense of smell only is the fact, that when they arrived within a short distance of the dead animal, they would alight and look about, and, not finding it, make shorter and shorter gyrations, until seemingly led on by a stronger and stronger scent, they reached the spot where they could gratify also their *sight* and *taste*.

The arguments given above, however, are not absolutely conclusive, for it may be said we are not *positively* certain, that the buzzard was not here directed by the sense of sight, though this is in a very high degree improbable; and I will therefore give another instance on the authority of my room mate, (E. B. Clark,) which, it seems to me, added to the circumstances before mentioned, and others of a similar kind, ought to put this matter at rest: A number of swine, and among them a brood of little pigs, were in the habit of lying under an old barn. The barn had in a good measure lost its roof, but the floor of the part under which the swine slept was complete, and, moreover, piled up with boards, &c., so as to render it impossible that any thing could be seen from above; and it was raised only about eighteen inches from the ground. One of the pigs died in this situation. Some short time after the workmen were engaged in hauling hay by this barn, and seeing a good many buzzards perched on a fence near it, which returned after being frightened away, and on coming still nearer, perceiving the smell themselves, they were led to inquire into the source of it. After considerable search the dead pig was found far under the floor—so far, that in this instance there can be no doubt, that the buzzards were attracted towards it by some other sense than that of vision.

Nor do I think that the observation of the English professor (Owen) alluded to by you, is of small weight in determining this question, not saying, by the way, that the question itself is of any great importance. I believe it is a principle very generally conceded, that the amount of sensibility in any part is in direct

proportion to the amount of nervous matter distributed to that part, at least when the nerves are in a state of health. When, then, we consider the beautiful uniformity which prevails in the works of creation, and at the same time recollect that the Almighty architect formeth nothing in vain, we cannot but conclude, that whatever the observation of Audubon, &c., may have shown in respect of the *vision* of the bird alluded to, its sense of *smell* is in a high degree acute, and that frequently it is guided by this alone.

With great respect,
N. MENDENHALL.

[In relation to this subject we may cite the following remarks of the distinguished naturalist, Mr. Charles Darwin, M. A., F. R. S., in his "Journal of Researches into the Natural History and Geology of the countries visited during the voyage of H. M. S. Beagle round the world," which has been recently printed in this country, New York, 1846.]

"When an animal is killed in the country, [Chile,] it is well known, that the condors, like other carrion-vultures, soon gain intelligence of it, and congregate in an inexplicable manner. In most cases it must not be overlooked that the birds have discovered their prey, and have picked the skeleton clean before the flesh is in the least degree tainted. Remembering the experiments of M. Audubon on the little smelling powers of carrion-hawks, I tried in the above-mentioned garden the following experiment. The condors were tied, each by a rope, in a long row at the bottom of a wall; and having folded up a piece of meat in white paper, I walked backwards and forwards, carrying it in my hand at the distance of about three yards from them, but no notice whatever was taken. I then threw it on the ground, within one yard of an old male bird; he looked at it for a moment with attention, but then regarded it no more. With a stick I pushed it closer and closer, until at last he touched it with his beak: the paper was then instantly torn off with fury, and at the same moment every bird in the long row began struggling and flapping its wings. Under the same circumstances, it would have been quite impossible to have deceived a dog. The evidence in favour of and against the acute smelling powers of carrion vultures is singularly balanced. Professor Owen has demonstrated that the olfactory nerves of the turkey-buzzard (Cathartes aura, are highly developed, and on the evening when Mr. Owen's paper was read at the Zoological Society, it was mentioned by a gentlemen that he had seen the carrion-hawks in the West Indies on two occasions, collect on the roof of a house where a corpse

had become offensive from not having been buried: in this case the intelligence could hardly have been acquired by sight. On the other hand, besides the experiments of Audubon and that one by myself, Mr. Bachman has tried in the United States many varied plans, showing that neither the turkey-buzzard (the species dissected by Professor Owen) nor the gallinazo find their food by smell. He covered portions of highly offensive offal with a thin canvass cloth, and strewed pieces of meat on it; these the carrion-vultures ate up, and then remained quietly standing, with their beaks within the eighth of an inch of the putrid mass, without discovering it. A small rent was made in the canvass, and the offal was immediately discovered; the canvass was replaced by a fresh piece, and meat again put on it, and was again devoured by the vultures without their discovering the hidden mass on which they were trampling. These facts are attested by the signatures of six gentlemen, besides that of Mr. Bachman.*"

United States Naval Hospital,
NEW YORK, May, 14th, 1846.

Prof. R. M. HUSTON,

SIR,—It is stated, page 289, of the Medical Examiner for May, 1846, that Phosphate of Ammonia "in the dose of only about three grains" produced a series of alarming symptoms, &c.

I have employed phosphate of ammonia in nine cases, in doses of ten grains repeated every four hours. In no case was the article used less than one week, and in several it was continued three, four, and even six weeks. The urine was tested before the medicine was prescribed and during its use; but no change in its constitution was detected by reagents, nor was there any change in the quantity or specific gravity of the secretion. In one case only did any amelioration of symptoms occur after the use of the phosphate of ammonia; whether this amelioration was *post* or *propter* I cannot decide; but, inasmuch as no perceptible effects whatever were produced in any one of the other eight cases, my present impression is that phosphate of ammonia is useless in the treatment of chronic rheumatism.

The article employed by me was procured from one of the most respectable druggists in Philadelphia.

Very respectfully, your ob't. serv't.,

W. S. W. RUSCHENBERGER, M. D.
Surgeon U. S. Navy.

"*Loudon's Magazine of Natural History, vol. vii."

BIBLIOGRAPHICAL NOTICES.

A Treatise on Mediate Auscultation, and on Diseases of the Lungs and Heart. By R. T. H. Laennec, Professor of the College of France, and to the Faculty of Medicine of Paris, &c. &c. *With the notes and additions of* M. Mer. Laennec, D. M. P., and of M. Andral, Professor to the Faculty of Medicine of Paris, Consulting Physician to the King, &c. *Translated from the latest edition by a Member of the College of Physicians.* Edited by Theophilus Herbert, M. D. *With practical notes, condensed from the Lectures of* F. H. Ramadge, M. D., Oxon. Fellow of the Royal College of Physicians, Senior Physician to the Infirmary for Asthma, Consumption, and other Diseases of the Lungs, &c. *With plates.* 8vo. pp. 862. Lond., 1846.

We have copied the *lengthy* and ostentatious title page of this *phenomenon*,—for such the present edition of Laënnec must be regarded,—if by phenomenon we mean any thing extraordinary, but not if we regard the word to signify something unexpected, inasmuch as there is no form which empiricism and adulation may not assume, and none, therefore, that ought properly to excite surprise. The name of Dr. Ramadge has been long before the public rather than the profession, as that of one respectable by education, and, we may say, in one sense, by position, who has descended to a level with the veriest empirical pretender as a professed "consumption curer;" and whose views and agents have met with but little respect from the regular faculty; yet who has not wanted followers to trumpet his fame, and to obtain pelf and notoriety from their overdrawn mercenary eulogies.

The work before us is—we had almost said—the *most* marked example of unworthy Boswellism we have ever met with. It has had, however, rivals on this side of the Atlantic; but we hope and trust to witness no more of them. Johnson was illustrated by his garrulous biographer; and we rise from the perusal of his Life by Boswell with still greater admiration for the hero of the

work, but with feelings akin to contempt for the biographer. Would that we could say, that in more recent cases, either the sketcher or the sketched was exalted in our estimation. But let us hear Dr. Theophilus Herbert in the dedication to his preceptor—and doubtless his patron—Dr. Ramadge.

"Trusting that the manner in which my Editorial task has been performed will meet your approbation, and be found not unworthy of your high name, I now deliver this book into your hands. Should any inaccuracies be found in it imputable to the Editor, (and for such only am I accountable,) they will, I am sure, be more than redeemed by the extensive, valuable, and practical annotations formerly derived from you, and added to the present edition of Laënnec. Your extensive experience in diseases of the chest—your having devoted the greater portion of your professional life to the investigation of thoracic pathology in particular,—your having been for more than a quarter of a century connected with the Infirmary for Asthma, Consumption, &c., where, exclusive of other sources, you have enjoyed the amplest opportunities for studying this very important class of diseases—all these circumstances point out Dr. Ramadge as the individual to whom Laënnec's great work should most appropriately be inscribed;—and if anything were wanted to strengthen your title to this, you have now attained the great and undisputed honor of having introduced into medical practice the most successful and rational mode of treating a disease, which has proved the scourge of the most intellectual [?] portion of the human race, and baffled the skill of the greatest physicians of ancient and modern times—I mean PULMONARY CONSUMPTION; a mode of treatment, moreover, not the result of mere hypothesis, but derived from an attentive observation and close imitation of nature herself. These reasons, and above all your having virtually made the present edition of Laënnec undeniably your own, by your extensive and valuable contributions to it, render it imperative on me, in point of justice, to dedicate the work to you."

This is a specimen of the "puff direct," not excelled by what we witness in the advertising corners of our daily papers, from the grateful afflicted, testifying to the value of a nostrum which they have been employing. The "puff collateral" consists in the association of the name of Ramadge with that of the illustrious Laënnec,—"*ego et rex meus;*" for so we doubt not Dr. Ramadge regards the association. What necessity was there, that the work of Laënnec, after having been translated, and edition

after edition published by Dr. Forbes, should be again translated by another "Member of the College of Physicians," unless it were to announce to the *laity*, that Dr. Ramadge is worthy of being placed in the same elevated position as an explorer and treater of diseases of the chest as Laënnec.

But we doubt not, that most of our readers are as ignorant as ourselves of the peculiar views of Dr. Ramadge, which have excited such overflowing admiration in his editor. We shall therefore give them in the language of the latter.

"It struck Dr. Ramadge at the outset of his inquiries into this interesting subject, [the nature and treatment of pulmonary disease] that persons who, after evincing undoubted symptoms of pulmonary phthisis, subsequently became affected with emphysema, were rarely carried off by phthisis. Again, he observed, that individuals, formerly consumptive, and afterwards becoming subjects of chronic catarrh, seldom fell victims to phthisical disease. He also observed that individuals afflicted with disease of the heart were hardly ever attacked with phthisis, and therefore he very sedulously commenced inquiring what was the cause of this immunity from phthisis in those suffering from these different diseases—what was the common quality which they all possessed, and which proved so powerful an opponent to the attack of phthisis. The result of his inquiries was, that these affections induced a state of the pulmonary tissue, which counteracted the progress of tubercular deposition, and so checked the disease. To enter more into particulars, a person who has been for some time labouring under pulmonary phthisis contracts a catarrh; now one of the effects of this is to produce an intumescence of the bronchial mucous membrane; this intumescence retards the expiration of the air, the expirating power being so much weaker than the inspirating; the air becomes imprisoned in the air-cells, the lungs are exercised in consequence, and their volume is augmented; the effects of which will be: 1. To approximate the walls of any cavity that may exist at the time. 2. To prevent the further deposition of tuberculous matter, on the principle that the muscles of voluntary motion are seldom the seat of tubercles. To explain this point more fully, we remark, that as soon as phthisis commences, the chest generally becomes contracted. The trachea, by retaining its original size, is found comparatively too large for this diminished volume of the lung; the exit of the air is then too free to offer any antagonism to the farther contraction of the chest, and consequently to the advance of the disease: the result of which would be the deposition of fresh crops of tubercles, and accordingly their extensive diffusion throughou;

the lower lobes of the lungs. In a similar manner cardiac diseases may prove effectual antagonisms in pulmonary consumption. In all lesions of the heart there is to be found congestion of the venous system: there is also tumefaction of the bronchial mucous surface in consequence of the difficulty which the bronchial veins experience in transmitting their blood into the larger venous trunks destined to receive it. The effect of this is, that the air becomes imprisoned in the same manner as in the case of catarrh, and the lungs are thereby augmented in volume. The tendency of this enlargement of the lungs is to destroy the disposition to form secondary crops of tubercles, such enlargement being decidedly unfavorable to the continuance of the scrofulous diathesis. The experience of Dr Ramadge has led him to establish a regular connexion between tuberculous disease and scrofula in any part of the body. * * * * We have now seen how the existence of catarrh, disease of the heart, &c., have the power of staying the progress of pulmonary consumption. That these means of arrest, thus presented by mere accident, are attended with considerable inconvenience, no one will pretend to deny. Nay, more; it is well known that such diseases as those we have mentioned as capable of suspending phthisis, are frequently themselves sufficiently formidable to compromise life. Reflecting on the principle on which these affections acted in impeding the further contraction of the chest, and so preventing the further deposition of tubercles, the distinguished discoverer, Dr. Ramadge, very naturally proceeded to consider whether some mechanical expedient could not be devised, by which the operations of nature might be imitated, at the same time, that the disadvantages above alluded to might be eschewed. We have observed that the benefit derived from antagonistic diseases depended upon this circumstance, that they had the effect of retarding the expiratory process, and thereby increasing eventually the volume of the lungs. Now he very reasonably inquired whether such a result could not be brought about mechanically, and it was then the happy idea occurred to him of employing the inhaling tube. The principle on which it is constituted is, to impede or retard the expiratory process, and thereby to produce an increase in the volume of the lungs. In order to explain how impeding or retarding the expiratory process will have the effect of increasing the volume of the lungs, very few words will suffice. When the function of expiration is retarded by any cause, the obvious and immediate result will be that a portion of the air becomes imprisoned within the air-cells; this will bring about, as it were, an emphysematous state of the lungs, whereby their volume will be expanded to a certain degree, and the walls of the chest will be pushed out in every direction; this retardation

of the expiration is effected by means of the valve placed at one extremity of the inhaling tube. Now for the application of this principle to the treatment of pulmonary consumption. In phthisis the lungs are not fully inflated, and the parietes of the chest undergo gradual contraction. The healthy relation between the powers of inspiration and expiration is lost. The great air-tube is proportionally too wide for the diminished volume of the lungs. Whatever restores the wholesome balance between the lungs and the windpipe, contributes to arrest the progress of tubercular disease. This restoration of the equilibrium between inspiration and expiration, which we have now seen to be possible through the agency of the tube, is occasionally accomplished, though imperfectly, by the supervention of some other affection, such as enlarged tonsils, catarrh, asthma, disease of the heart, &c." p. viii.

Such are the principles and practice, "not the result of mere hypothesis, but derived from an attentive observation and close imitation of nature herself," with which the profession are to be enlightened by this "high name," "distinguished discoverer," "high authority," &c. &c., for there is no end to the encomiums showered on Dr. Ramadge by his "grateful" and admiring pupil; and we doubt not, that multitudes of "facts," so called, exist to sustain him; yet the profession have been singularly ungrateful. They have treated him, indeed, with marked neglect; they have believed, that his "hypothesis"—for so we must term it—is unfounded, and his experience fallacious. Nay, more, they have been disposed to place him on the same level as the advertising consumption-curers of the day, but no higher,—if anything, indeed, somewhat lower, inasmuch as they had a right to expect better things from him. For our own part we do not know a respectable practitioner who has the slightest confidence in either his principles or his practice. We find, however, from the editor's statement, that the mechanical treatment, notwithstanding our want of information on the matter, is extensively used.

"The employment," he says, "of the mechanical apparatus in the treatment of all affections of the chest, is now widely spread over many parts of the continent of Europe, and has been introduced into the principal cities of the United States, through the agency and influence of several American physicians, who witnessed Dr. Ramadge's successful practice in pectoral disease. Among these he knows of none who have been more successful

in introducing the use of mechanical respiration than his talented friend, Dr. J. M. Howe, of New York." p. 862.

But we have occupied too much space with Dr. Ramadge, and his enamoured disciple. Nothing but the association of his name with that of Laënnec would have induced us to take so much notice of him. Possessing—as we do—an excellent translation by a most eminent physician—himself distinguished for his acquaintance with the nature and treatment of thoracic diseases—we could not suffer to pass, without comment, the publication of another, where the apparent object was so little praiseworthy.

The Dublin Quarterly Journal of Medical Science, (new series,) No. 1, *February*, 1846. 8vo. pp. 276. Dublin: Hodges & Smith.

It is not our practice to notice periodicals at much length, or even to speak of their contents in detail, but the character of the present work, and the circumstances under which it appears, claim for it more than a common announcement. It is, we believe, the second attempt to establish a *quarterly* journal devoted to medical science in the Irish metropolis, and the only one, if we are not mistaken, which has emanated from thence for more than a quarter of a century. And yet, no place, in proportion to its population, has been more distinguished by the number and ability of its physicians, surgeons, and chemists, than the city of Dublin, nor have those of any other country contributed more to the advancement of science and the adornment of medical literature. Within the period mentioned, a number of medical journals, under various denominations,—weekly, monthly, and bi-monthly,—have started into existence, and for longer or shorter periods been sustained, and some, as the *Dublin Medical Press*, and the *Dublin Hospital Gazette*, continue to be the vehicles of valuable medical intelligence.

In the year 1832, the Dublin Journal of Medical and Chemical Science, was commenced and ably conducted by the eminent chemist, Dr. Kane. Two years after, Dr. Kane retired from the editor's chair, and was succeeded by Drs. Graves and Stokes, by whom it was conducted under the name of the *Dublin Medical*

Journal, until the year 1842, "when their increasing avocations obliged them to resign it into the hands of Messrs. Hamilton and MacDonnell." Now, instead of appearing monthly, it is to be issued quarterly, with a new title, and under the direction of a new board of editors; and, distinguished as it has heretofore been for ability, and the avoidance of every thing offensive to good taste, the character of those by whom it is hereafter to be conducted, no less than the evidence furnished in the number before us, afford a sure guarantee that it will maintain its position among the ablest and most valuable medical periodicals of the day.

In the general arrangement of its matter, nearly the same order is pursued as in the Examiner. It is divided into three parts—Part I. is assigned to Original Communications; Part II., Reviews and Bibliographical Notices; Part III., Reports, Retrospects, and Scientific Intelligence.

Preceding the first part, we have "the Editor's Preface," consisting chiefly of "the history of periodical medical literature in Ireland, including notices of the medical and philosophical societies of Dublin." No one can read this able article without feeling an echo in his own breast to the following eloquent and truly filial expression of the editor:

"No matter how the early political history of our native land may be darkened;—of her literary and scientific history, her monuments and her antiquities, we have all, as Irishmen, a just right to glow with honest pride."

The original articles are contributed by some of the first writers of the day—viz.: Crampton, Graves, Halpin, and Neligan, and are worthy of their source. That by Sir P. Crampton, is a lecture on lithotrity, and is a most instructive and candid examination of the mooted points of the subject.

The second article is by Dr. Graves, "on the Law which regulates the Relapse-Periods of Ague." Dr. Graves, "having noted, with much anxiety and accuracy, the course of a quartan ague for twenty-seven months," has "constructed a table for the purpose of obtaining a connected view of the number and dates of the fits." This table, he thinks, contains "*data* which authorize us in concluding that the law regulating the periodicity of agues, applies not only to the succession of paroxysms, but is

extended to the free intervals between them—in other words, that the same law of periodicity which governs the disease while it occasions fits, continues likewise to preside over its latent movements during the interval when no fit occurs, and thus the true periodic rate is carried on, though, as in a clock from which the striking weight has been removed, the usual signal does not mark the termination of each certain definite portion of time."

"The law, now for the first time brought to light," he remarks, "exhibits a new example of the tenacity with which periodicity clings to a disease, when once firmly impressed on it, and recalls to mind a very similar phenomenon observed with respect to the catamenia, which, having been suppressed many months, not unfrequently re-appear on the very day on which the monthly period would have occurred, had no such suppression taken place."

It seems to us rather too hasty to predicate a *law* on the observations afforded by a single case, however numerous those observations, as they certainly were in the instance adduced by Dr. Graves; but the hint thrown out by this eminent observer will doubtless lead to a closer attention to the phenomena presented in the progress of periodical diseases, and especially on the point alluded to, and if the view presented by him shall be sustained, it will be a great point gained in pathological science, and must lead to a better and more successful treatment of a perplexing class of diseases.

Dr. Graves thinks the facts which he has observed show "that ague is at first purely periodic, the health being totally unaffected during the interval between the attacks, but as the disease becomes rooted in the constitution, the intervals become less purely healthy"—which is merely affirming that the continuance of the disease produces other and more positive lesions. Dr. G. is consequently an advocate for an early and prompt interruption of an ague, by the use of full doses of quinine. He differs, however, from those who think it expedient to continue its employment after the arrest of the paroxysms, or that it is necessary to leave it off gradually. "The quinine," he remarks, "is the proper antagonist of the fit, and while the fits require this medicine, it is borne well by the constitution. On the contrary, when the fits are absent, its curative effects appear to be diminished, and

the constitution becomes so accustomed to it, that, when the disease again requires it, the medicine no longer exerts its anti-aguish influence." Our limits preclude a further notice of this curious and suggestive paper.

Part II, devoted to Reviews and Bibliographical Notices, occupies more than a hundred pages. Most of the works reviewed, have already been noticed in the Examiner, and need not be specified. This department of our new cotemporary, if so we may call it, is sustained with great ability. Some of the authors whose works are examined, will doubtless writhe under the severe castigation which is inflicted; but even they will be consoled by the reflection that there is nothing brutal in the process, for every joint that is separated and every cavity that is exposed, is done in the gentlest manner and with the most delicate instruments. One article in this *part* has particularly struck us as marked by the greatest vigour of argument and aptness of analysis—it is on *Homœopathy and Homœopathic writings*. Any man who can read it and continue to listen to the jargon, must be as blind to reason as are the eyeless fishes of the caves to the rays of the sun.

Sydenham Society's Works. *Animal Chemistry with reference to the Physiology and Pathology of Man.* By Dr. J. Franz Simon, Fellow of the Society for the advancement of Physiological Chemistry at Berlin, &c. &c. *Translated and Edited by* George E. Day, M. A. and L. M., Cantab., Licentiate of the Royal College of Physicians. Vol. 2, pp. 560, and two plates. London, 1846.

This beautiful volume is the concluding portion of M. Simon's excellent work on Animal Chemistry; and the first of the publications of the Sydenham Society for the year 1845. In regard to the value of this selection by the Society we apprehend there can be but little difference of opinion amongst the members. By those who look only for the directly practical, it may, doubtless, be regarded as too purely scientific; but their number is gradually becoming more and more restricted; and few, at the present day, would be hardy enough to pronounce any authoritative work on

organic chemistry useless or unnecessary. We notice in some of the British journals objections to Paulus Ægineta, but they appear to us to rest upon little true foundation. It is most desirable to possess in epitome the sentiments of the ancients on medical topics;—and by means of the text of Paulus, and the learned commentaries of Mr. Adams, this is most satisfactorily attained in the Sydenham edition. The work of least general utility, it appears to us, is the one consisting of Tracts on Aneurism, which was issued last year. All tastes must, however, be suited; and we know how impossible it is, in any such undertaking, to give universal, and how difficult to give even general, satisfaction.

The present volume contains ten chapters, from 3 to 13 inclusive; treating respectively of—The secretions of the Chylopoietic viscera and the Theory of Digestion,—Milk,—Secretions of the Mucous Membrane—Secretions of the External Skin,—The Urine,—The Secretions of the Lachrymal, Meibomean and Ceruminous glands,—Secretions and Fluids of the Generative organs,—The Intestinal Secretions,—The component parts of the animal body,—Solid morbid products,—and fluid products of disease. At the end of the volume are two Appendixes treating of subjects not previously noticed, or to which it was necessary to make additions.

It is impossible to analyze a work of this kind, and unnecessary even to speak of it in general terms after the notice which we gave of the first volume. The chapter on the urine is exceedingly full, and we are pleased to see, that due attention has been paid by M. Simon to the excellent paper on Kiestein, or, as M. Simon calls it, *Kystein*, published a few years ago by Dr. E. K. Kane, of this city, now of the United States Army. From the results of his observations M. Simon concludes, "that kystein is not a new and distinct substance, but a protein compound, whose function is undoubtedly and closely connected with the lacteal secretion." And he adds: "From the observations of Kane and myself, it seems to follow that pregnancy may exist without the occurrence of kystein in the urine; if, however, there is a probability or possibility of pregnancy, and kystein be found in the urine, then the probability is reduced almost to a certainty. We

are unable to draw any positive inferences respecting the stage of pregnancy from the appearance of kystein." p. 331.

The additions to the volume by Dr. Day are numerous and important; and the whole work is *à portée* with the existing condition of animal chemistry.

This single volume—we may add—is worth the whole year's subscription to the Society—*five dollars;*—and yet two more volumes are required to make the complement for the year. One of these has appeared in England;—"Hasse's Pathological Anatomy"—and will soon be in the hands of the subscribers in this country. The third—the concluding volume of Paulus of Ægina—will be issued soon.

Elements of Physiology, including Physiological Anatomy, for the use of the Medical Student. By WILLIAM B. CARPENTER, M. D., F. R. S., etc. etc. *With one hundred and eighty Illustrations.* 8vo. pp. 566. Lea & Blanchard. Philadelphia, 1846.

This is a new work by Dr. Carpenter, the sheets of which were received as they issued from the London press, and immediately reprinted, by the eminent publishers to whom we are indebted for the copy before us. By this arrangement, the work is published simultaneously, or nearly so, both in London and Philadelphia.

"The present volume owes its origin to a desire," says the author, "on the part of the Publisher, that an elementary treatise on Physiology should be added to the series of admirable Student's Manuals, on the various departments of Medical Science, which he has already issued."

The American Publishers have substituted the word "*Elements*" for "*Manual,*" as written by the author, on the title page. The change, we suppose, makes the title more imposing, and as the work is truly *elementary* in its scope and character, the license would be allowable enough if it were not that the author, who certainly has the best right to christen his own progeny, had called it by another name. On this point we may be too sensitive, but we really have a great objection to al-

terations in the title or text of a book by any one but the author himself.

In the preparation of the work, the object of the author has been "to convey to the Student as clear an idea as possible of the principles of the science, to point out the manner in which these principles should be applied, and to give an outline of the most important facts which indicate the nature of the various changes taking place in the living organism. In following out this intention he has thought it right to adopt a plan which, so far as he knows, is a novel one:—namely, to commence his exposition of the characters of Organized Structures and of Vital Phenomena by a full account of the Development and Metamorphoses of *Cells*, and of the purposes which these effect in the living body, either in their original or in their altered condition. He is of opinion that the inferences which may be drawn from the observations on this subject, that have rapidly accumulated during the last few years, are entitled to hold the same rank in Physiological Science as that taken by the doctrines of Mutual Attraction in General Physics, or of Elective Affinity in Chemistry; and that the enunciation and development of these should consequently hold the first place in an Elementary Treatise on Physiology."

Those who have occasion for an Elementary Treatise on Physiology, cannot do better than to possess themselves of the Manual of Dr. Carpenter; such, however, as desire a fuller and more comprehensive account of the science, will of course consult the ampler works of the author, of Müller, or Dunglison. The illustrations in the present volume are exceedingly creditable.

New Elements of Operative Surgery. By ALFRED A. L. M. VELPEAU, etc. etc. *Translated by* P. S. TOWNSEND, M. D., etc. *Under the supervision of, and with notes and observations by,* VALENTINE MOTT, M. D., etc. etc. etc. Vol. 2. 8vo. pp. 992. J. & H. G. Langley, New York: 1846.

We cannot too strongly commend the industry of Dr. Townsend, in so rapidly bringing out this large and important publication. The third volume, which is to complete the work, we

are told will be put to press in July next, and if the health of Dr. Mott and of the Translator and Editor be spared, will doubtless be urged forward with the expedition which has marked the progress of the two ponderous volumes now before us.

The Operative Surgery of Velpeau is conceded on all hands to be a work of vast labour and research, and in the highest degree creditable to the author; and the numerous and valuable additions by Dr. Mott, which constitute a very large amount of the present publication, render it still more complete as a book of reference on most, if not all, of the subjects demanding operations,—both as to the propriety of resorting to the knife, and the various and most approved methods of proceeding.

The subjects comprised in volume second are: Lesions of arteries and their treatment; of the venous system; of the lymphatic system; of the nervous system; amputations; exsection or excision of bones; exsection or excision of the articulations; trephining; tumors, &c. These various subjects are treated of at great length, particularly operations on the large arteries and excisions of bones, in which Dr. Mott's operations, their importance, originality, mode, &c., are particularly dwelt upon.

When we announced the appearance of the present volume a short time since, it was our intention, ere this, to have given a more particular notice of its contents, but the near approach to completion of the publication induces us to withhold what we may find occasion to say on the various subjects of chief importance of which it treats, until the whole is before us. By this course we shall anticipate nothing, and be the better prepared to do justice from a view of the whole, without prejudice from impressions derived from the examination of isolated portions.

Twenty-Ninth Annual Report on the State of the Asylum for the relief of persons deprived of the use of their reason. To which is added an account of the Asylum. Published by direction of the Contributors. Philadelphia, 1846.

This is a private institution, owned and controlled by members of the Society of Friends belonging to the Philadelphia Yearly Meeting. Under the care of its skilful Physicians and the vigi-

lance of the Board of Managers, it continues to realize the benevolent anticipations of its founders.

We learn from the Report that the number of patients at the beginning of the year was— - - - - 58
Received during the year, - - - - 26
Discharged or died, - - - - - 34
Remaining in the Asylum 3d mo. (March) 1st, 1846,—50

Of the thirty-four patients discharged there were—
Restored, - - - - - 15
Improved, - - - - - 6
Stationary, - - - - - 7
Died, - - - - - - 6—34

Of those remaining there are—
Restored, - - - - - 4
Convalescent, - - - - 2
Improved, - - - - - 4
Unimproved, - - - - 40—50

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE, 1846.

NEW MEDICAL JOURNAL—ALTERATIONS, ETC.

We have received No. 3 of Vol. 1 of the *Southern Journal of Medicine and Pharmacy*, Published at Charleston, S. C., and Edited by J. Lawrence Smith, M. D., and J. D. Sinkler, M. D.

Not having the earlier numbers, we are unable to copy the ***Prospectus*** of the editors, or say anything of the design of the publication further than may be derived from the number before us. We discover by the title page that it is a ***bi-monthly;*** and in addition to the usual subjects embraced in a medical journal, it is to include pharmacy as a principal object.

It is a remarkably neat journal, containing about one hundred and twenty pages each number. The original articles, as well as the notices of books and new publications, are well written, and the selections judicious.

The title of the *Illinois Medical and Surgical Journal*, Edited by Professor Blaney, has been changed to the *Illinois and Indiana Medical and Surgical Journal*, and it is henceforth to appear *bi-monthly*, increased in size from sixteen to ninety-four pages, with a full corps of Editors, viz.: James T. Blaney, M. D., Daniel Brainard, M. D., William B. Herrick, M. D., and John Evans, M. D.

The Journal is not only enlarged but improved in every respect, and if the succeeding numbers of the new series shall equal the first, of which we have no doubt, it will well deserve the patronage of its subscribers.

The Missouri Medical and Surgical Journal is hereafter to be under the sole editorial charge of Dr. Thomas Barbour. Dr. J. N. McDowell gives notice that he "declines any further connection with the Journal, for the reason that he is engaged in the publication of his long promised work on Surgery and Surgical Anatomy, which he hopes to have before the medical public in the Fall."

NOSTRUM CERTIFIERS.

Under this head, in the last number of the Western Lancet, we have the names of sundry physicians whose signatures appear in certain publications in commendation of various nostrums, and the Editor announces his determination to continue, from time to time, to publish the names of all such as come under his notice. If he will extend his researches into this quarter he will find some such from whom we might expect better things. The vanity of having their names blazoned in the newspapers, or otherwise made common as household words, turns awry many a weak head. Such men attach their names to a pill, or a mixture, or a quack advertisement, that they may be lifted into notice, on the same principle as the silly terrapin in the fable seized a pole, that on the wings of others it might rise above the earth.

OUR EXCHANGES.

We are sorry to find that some of our brother journalists with whom we exchange do not receive the *Examiner* regularly. We regret this

exceedingly, as we know by rather painful experience how annoying such irregularities are, and we endeavour to avoid it so far as it is in our power. With all our desire in the matter, however, miscarriages will happen, and it seems to have occurred, almost regularly, we might say, with the *Southern Medical and Surgical Journal.* The publishers of the Examiner, who exclusively attend to every thing pertaining to its *business affairs*, assure us that it is invariably sent, by mail, carefully directed, to all those with whom we exchange. The same care will be taken in future, and we hope with better success.

NATIONAL MEDICAL CONVENTION.

We are indebted to our friend of the *Bulletin of Medical Science* for a slip containing an abstract of the proceedings of the Medical Convention, recently assembled in the City of New York, which will be found in our *Record.* The next meeting, we perceive, is to be held in Philadelphia, on the first Wednesday in May, 1847.

RECORD OF MEDICAL SCIENCE.

Case of Hydatids of the Uterus Coincident with Pregnancy. By GEORGE YEATES HUNTER, Esq., Surgeon, Margate.—On Monday, March 30th, about six o'clock, P. M., I was called to Mrs. B——, aged 23, in labour with her second child, Mr. W. H. Thornton, my assistant, who was engaged to attend, being absent.

Ou examination per vaginam, I found the os uteri dilated, and the head presenting; but the presentation was by no means distinct, and was ascertained with some difficulty, because a soft pulpy mass (evidently not the placenta) intervened between the presenting part and my finger.

After a few pains the membranes ruptured, at which time I heard a very peculiar crackling noise, and on again examining my patient, the infant's head had passed below the pulpy mass, which was now beyond my reach. The labour progressed very favourably, and the child, which was small, was born in less than two hours after my arrival. Mr. Thornton had arrived just before the child was born.

After waiting some time, it became necessary to remove the placenta. When the hand was introduced for that purpose, the uterus was found distended by what afterwards proved to be hydatids, measuring about three pints. They were in clusters, like bunches of grapes, some of

them being the size of hot-house grapes, but others, and by far the greater number, of the size only of the common blue cluster grape.

When the placenta was detached, we found it lobulated, and of an average size; the hydatids appeared to have been attached to a part of its margin, as well as to the uterus. I have preserved a great portion of these hydatids and the placenta, of which I mean to make a preparation, for presentation to the College of Surgeons, should they think it worthy of a place in their museum.

The patient is going on very well; no untoward symptoms have yet shown themselves.

I am well aware that hydatids in the uterus have sometimes been met with, but I never saw, nor heard of, a case in which they were found in the pregnant uterus. I have shown the hydatids in this case to my medical friends in this neighbourhood, who consider the case unique and interesting.

It should be remarked, that there were in the above woman's case, no unusual symptoms during the progress of her pregnancy. I shall endeavour to keep this patient in view, for the purpose of ascertaining whether or not other hydatids are formed, either during, or in the absence of pregnancy.—*London Lancet.*

A New Method for detecting Spurious Musk-Pods. By J. Moore Neligan, M. D., M. R. I. A., Physician to Jervis street Hospital, &c.—Owing to the high price and great demand for musk, both as a medicine and a perfume, it is very generally much adulterated. This fact is so well known to apothecaries and to druggists, that those who have even a moderate consumption of the drug, prefer purchasing it in the unopened musk-bag, or, as it is technically called, *musk-pod*. This precaution, however, is often found not to be a sufficient protection against fraud, as spurious musk-pods are not uncommon in commerce, so well prepared that even the most experienced eye is often unable to distinguish the true from the false.

It is now very generally known, that musk is the peculiar secretion of a small sac situated immediately in front of the preputial orifice of the male musk animal, the *Moschus moschiferus*, and that it is principally imported into the British market from China. The Chinese, finding a greater demand for musk than they are able to supply with the genuine article, squeeze out some of the secretion, which is fluid in the recent state, and mix it with, it is believed, the dried blood of the animal; this compound, which presents the same physical characters as true musk, they put into small sacs made of pieces of the skin cut off from other parts of the animal's body and prepared with the usual ingenuity of this people, so much so, indeed, as almost to defy detection with the naked eye.

The method hitherto adopted for detecting this sophistication, has been the peculiar position of the hairs, which are arranged in a circular manner around the orifice in the genuine musk-pod, and also the absence of any remains of the penis in the artificial pods. But those characters are not invariable, and I have seen some spurious musk-pods which

were so skilfully prepared as to be undistinguishable from the genuine article when compared with them.

The plan which I propose, depends on the microscopic characters of the hairs which grow on the preputial sac of the musk animal, and which, as far as I have been able to detect by direct experiment, differ very remarkably from those of the false sacs which are met with in commerce. This test I have recently had an opportunity of pointing out to my friend Professor Christison, of Edinburgh, and of illustrating it to him from specimens in his own museum.

The difference appears to depend on the fact, that the hairs of this part of the animal are furnished in the interior with distinct, regular, colour cells, while in hairs taken from other parts of the animal's body those cells appear to be obliterated, as is generally the case in this and the allied tribes of animals.

The method I have now proposed is a very simple one, and of easy application, and cannot be considered too scientific in the present day, when every pharmaceutist must be supposed to be provided with a microscope at the least of the power above spoken of, without which he could not possibly detect the adulteration of arrow root and of the other feculas of commerce.—*Dublin Journ. of Med. Science.*

PATHOLOGICAL SOCIETY OF DUBLIN.

Ulceration of the Small Intestines.—Dr. Corrigan made the following communication to the Society. A patient was admitted into the Hardwicke Hospital, December 22d, 1842, with slight fever, which passed off in a few days, the principal symptoms having been referrible to a congestion of the vessels of the brain or its membranes. The patient was in the convalescent ward about fourteen days before his death, when symptoms of disease of the intestines began to appear; at first the pulse rose, and was rather hard, but soon after there was great debility and sudden emaciation; the tongue was deeply fissured, red, and dry; the skin hot, and without any sign of perspiration; the abdomen slightly tympanitic, and free from pain on pressure: there was no diarrhœa, but occasional vomiting. Emaciation progressed very rapidly, and the patient died exhausted.

On *post mortem* examination the lower part of the ileum was found extensively ulcerated, the ulcers presenting different appearances in different places, some of them being very similar to the pustules of variola; others having the appearance of a white cicatrix, as if traced out by a snail traversing the mucous surface; while others again had advanced to a complete loss of surface, although, on account of the enlargement of the mucous follicles, they formed a projection above the surrounding mucous membrane. The disease was almost entirely confined to the small intestine, a circumstance which appears to me to account for the absence of diarrhœa, this being a symptom which I have observed only in those cases where the colon and cæcum are engaged in the disease.

These cases, coupled with a case of maculated fever in which death had occurred in six days, and which on examination presented no lesion

whatever, possess much interest; and from a candid review of them it is difficult to avoid coming to the conclusion that disease of the intestinal tube does not constitute the pathology of fever.

Cancer of the Stomach, with Adhesion to the Diaphragm and Liver. Mr. O'Ferrall made the following communication:—A female whose countenance during life was very expressive of the existence of malignant disease, was for some time under my care, not having any obvious symptoms at all proportionate to the extent of the lesions discovered in the examination after death, which were as follows:—A large soft cancerous tumour exhibiting the cauliflower aspect, with a central depression, occupied the lesser curvature of the stomach, encroaching slightly on the cardiac orifice, but leaving the pyloric intact. Externally the stomach was adherent to the left lobe of the liver, which was there beginning to be disorganized, and it was also connected to the diaphragm, to which the convex surface of the liver was adhering; the greater part of the stomach lay under and was connected to the left lobe of the liver. The symptoms during life were principally referrible to the bowels; there was obstinate diarrhœa of six months' duration, but there was neither vomiting nor pain in the stomach. The only indication of the stomach being affected was, that after taking food there was a sensation described as resembling the sudden stoppage of the morsel immediately after its being swallowed. There were two species of such cases liable to escape detection; in one there was stricture of the pylorus; the other was without that complication; these were distinguishable from each other by very attentive observation. The present case might have been mistaken for an abdominal tumour, but the adhesion to fixed parts, such as the liver and the diaphragm, prevented the formation of any tumour; it would have been otherwise if the cancer were situated in the greater curvature. A case of this kind has occurred in which an adhesion had been formed to the colon, and an opening led from the stomach into that intestine, about which there were numerous peritoneal adhesions, and an immense deposition of cancerous matter. The contents of the stomach, for instance, and pills, retaining their silvering, then passed at once into the great intestine. In this form of the disease shown in the present specimen, there is no disease of the omentum.

Stricture of the Rectum.—Dr. Kirkpatrick exhibited the pellicle viscera of a female who died of acute disease while labouring under stricture of the rectum. This specimen he considered interesting, as an instance of a class of cases occasionally met with where disease situated in the rectum gives rise to symptoms of urinary irritation, causing much difficulty in diagnosis. The patient, Anne Hume, aged 45, came under his notice two years since, labouring under well marked symptoms of catarrh of the bladder. She had great and constant pain, with frequency in making water, which was alkaline, and deposited a copious sediment. In making an accurate examination of the bladder, the finger was introduced into the rectum, and accidentally discovered a close and firmly resisting stricture. The patient had made no complaint of it, nor was

she aware of any disease in that situation. A simple treatment of anodyne enemata, lenitive electuary, and mucilaginous drinks, was followed by the complete removal of the urinary symptoms; the disease in the rectum giving little annoyance up to the period of her death, which took place from acute chest disease. The bladder was perfectly healthy; the orifice of the anus presented the peculiar ewer-lip appearance described by Mr. Colles; two inches above it the stricture was observed: it scarcely admitted the point of the finger. All the coats of the intestine were thickened, but the stricture itself did not occupy much extent, terminating in a sharp edge internally. Above, the intestine was not dilated, but there was superficial ulceration of the mucous membrane; below the stricture there was no ulceration. This disease had nothing of a malignant character, but was a specimen of the simple organic stricture. Dr. K. mentioned that he had lately met another remarkable case in a male patient, who had presented well-marked symptoms of urinary disease during three years; had been in several hospitals, and frequently sounded, as he had some symptoms of stone, viz., bloody urine, and pains in the glans penis. This patient died lately, and his bladder was found in a perfectly healthy condition, but an ulcer existed in the rectum, communicating with a large abscess between it and the bladder.—*Ibid.*

Clinical Lectures on Diseases of Nurses and Infants. By Professor Trousseau.

Sclerema.—The first case to which we will direct your attention, is that of an infant, aged twenty-five days, and affected with induration of the cellular tissue. The mother is dying of what may be called a sort of puerperal farcy; when she came to the hospital, abscesses were forming in the limbs, and a collection of pus had accumulated in the left knee, with considerable pain and febrile excitement. She was improved so much during the few days which followed her admission, by the exhibition of one-twelfth of a grain of calomel every hour, that we thought her saved. Salivation was established at the expiration of the second day, all the morbid symptoms had yielded, and fluctuation could no longer be felt in the diseased joint. Since then a poultice, with leaves of datura stramonium, opium, and camphor, has been applied to the knee, but a sudden relapse has taken place, and her present state leaves us but little hope of saving her life. For several days the infant took the empty breast; the want of proper food, and perhaps his unsuccessful efforts to draw from his mother a sustenance which she could not yield, disordered the gastric functions, caused diarrhœa and vomiting, which milk and magnesia have to a certain extent allayed; but yet the weakness of the child continued, he grew gradually colder, and on touching his body this morning, (April 6th,) we find the legs and thighs in a marked state of induration. The child's cry is still vigorous, but a fine crepitus may be heard in the lungs. This will be a fatal case; true sclerema is not cured, and death is generally the result of the extension to the external viscera of that rigidity which you notice in the external organs. In many cases of this malady, the incapacity of the lung to perform its functions is obvious, for the infant's head hangs over his

chest, and a bloody saliva runs from his mouth. Most cases of sclerema, I might say all, are fatal; a difference of opinion on this point can only arise from errors of diagnosis, which may be accounted for in the following manner:—It is common to find children three or four months old, after diarrhœa or erysipelas, affected with limited œdema and hardness, which may be dispelled; but when, during the first month of life, without any functional lesion of the skin or any internal phlegmasia to explain the induration, a child becomes hard, he will surely die. M. Charcellay compares sclerema to the anasarca which sometimes follows scarlatina. He states that in both the urine is albuminous, and that both have their origin in a morbid condition of the kidneys. It is difficult to obtain the urine of so young an infant, but the research is an interesting one, and we will endeavour to ascertain its truth.

Tubercular Disease in Children.—Dr. Louis has stated that in childhood tubercles became frequent only between the ages of two and eight, and diminish in frequency from that period to puberty. This assertion could only have been made at a time when no special hospital existed for the treatment of diseases of new-born infants. During seven years, says Professor Trousseau, I have been attached to the care of infants at Necker's Hospital, and I distinctly assert that, under two years, more infants die of tubercular consumption than of all the other causes of dissolution put together. It is a circumstance which must not be forgotten, that infants may be affected with tubercular disease, and yet present none of those external appearances which we generally refer to the diathesis. As an illustration of this statement, we may bring forward the case of the infant who died of meningitis yesterday:—He was aged seven months, and was a remarkably fat, healthy, and lively-looking child. Both the parents were in the enjoyment of robust health; the child was suddenly seized with meningitis, and the malady remarkable besides by the manifestation of the characteristic red stain of the skin; the alternations of improvement which it presented, and the *removable* paralysis by which it was accompanied, was fatal in the space of five days. And I now present to you the lungs, spleen, liver, and intestines, studded with myriads of tubercles. On the surface of the cerebral envelopes, also, you may perceive numerous granulations strewed like a fine sand. It is not impossible that meningitis was in this case determined by the presence of these granulations; but I call upon you to remark that these granulations all occupy the convex surface of the cerebrum, and the anatomical changes resulting from the meningitis, are all, on the contrary, on the inferior aspect of the brain—a fact to be explained by the remark that whatever may have been the determining cause of meningitis, it always presents the same symptoms, progress, and anatomical changes. The chief conclusion I wish to draw from this case is, to caution you, when you meet with meningitis in very young children, although they may present none of the appearances of consumption, not to hasten to assert that the cerebral disorders have not originated in the deposition of tubercular matter. In a recent memoir, M. Rilliet states that meningitis often presents in children premonitory signs of very long duration, occurring three and even four months before

the outbreak of the malady. These prodromic symptoms would be crossness, somnolency, feverishness, and various functional signs of cerebral suffering. In our opinion, M. Rilliet's observations have borne too exclusively on cases of *tubercular* meningitis. Now, it is well known that most of these are at the same time accompanied by visceral tuberculisation, and I am inclined to think that the crossness, erratic fever, &c., looked upon by M. Rilliet, as prognosticating meningitis, are only the symptomatic expression of a tubercular diathesis. Besides, in some cases of inflammation of the brain induced by the presence of tubercular granulations, we find sometimes only three or four granulations, forming so very small an organic lesion, that we cannot reasonably grant them the power of producing premonitory symptoms of any kind.

Rheumatic Paralysis of Nurses.—The disease I am about to describe is one which had never attracted my notice before 1841, and which I have never met with but in nurses. Do not attach any importance to the name I have given to it; I have used the designation only for want of a better. You may observe it in a woman at present lying in the wards. She was confined eight months ago, and continued in perfect health, nursing her child, for the next six months, when she was suddenly affected with the disease which has brought her to the hospital. Very often during the day, the patient is seized in one of her limbs with a sensation of numbness and formication, followed by spasmodic contraction and loss of power of the extremity; the symptoms last a few minutes, and reappear soon after in another limb, or in the tongue, throat, or eyes; in the latter case vision becomes indistinct, a ligature applied round a limb at once produces the spasmodic contractions. These are more frequent and severe in bed, and in the sitting posture. The patient's general health is good, but the frequent repetition of the symptoms has weakened her. The first time I met with this disease I was very much embarrassed. The patient had formerly suffered from rheumatism, and I fancied that her present symptoms might perhaps be attributed to the same unknown rheumatic element, so prone to migration. I bled her, and she was cured. Since that time I have met with the same symptoms in eight or nine nurses, and in none had rheumatism preceded them, so that I still remain very much in the dark as to the intimate nature of the disease. However, venesection proves in all cases sufficient to achieve a cure. The nurse at present in the wards had not passed, for the last two months, a single day without numerous attacks. We bled her yesterday morning, and none have occurred since. The blood is very fibrinous. At any rate, should you meet with similar cases, gentlemen, do not become alarmed about the state of the spinal chord; be convinced that the most serious (apparently) functional disorder of the nervous system may exist without any anatomical alteration of the nervous centres. I need only advert to nervous asthma, which is so frightful to behold, and yields so readily to the inhalation of stramonium, and to fits of hysteria, to impress strongly this point on your memory.—*Lon. Med. Times.*

Remarkable Case of Mental Alienation. By G. T. Wragg, M. D. —Joe, a young negro of about 20 years of age, possessing an average degree of intelligence, and having enjoyed good health up to the time when he was attacked with the illness which threw him into the remarkable condition in which I found him, resided on a plantation in the neighborhood of Charleston. His occupations were such as are common to persons in his situation; laboring in the cultivation of the soil. He was taken ill about the latter part of July, 1837, probably with fever of a bilious type. For about a fortnight he remained on the plantation, receiving such attention as the neighborhood afforded. It does not appear that he suffered from neglect, but it seemed evident that his case had not been judiciously treated. A report of his death reached his master, who resided in Charleston, and was the first intimation that the boy was really seriously ill. This report caused a careful inquiry to be made into his real condition when it was found that although he was not dead, yet his case was of so serious a character as to call for most careful attention. He was therefore brought to town. I saw him for the first time on Tuesday, 8th August, 1837, and found him laboring under violent delirium and a great deal of muscular irritability. I could obtain no satisfactory account of the manner in which the attack commenced, or of the nature and progress of the disease; except that he had had fever. His imagination, a faculty which with him, had doubtless never, in his hours of health, been called into action, was awakened. He became impressed with the idea that he was dead. This, no doubt, originated from the report of his death, which had been current, and which had probably been spoken of in his presence.

Upon a mind laboring under so much excitement, and in which the exaggerations of timid and ignorant friends could find no counterpoise in the wholesome restraints of education, such an idea was well calculated to produce a deep impression, and accordingly the patient was hurried away in the most extravagant language and conduct. From this false ground he drew inferences perfectly secutive, and which failed to be rational, only because they started from unsound premises. He said, that being dead, his flesh would soon begin to rot and drop from his bones; remonstrated at being kept so long unburied; earnestly demanded that his grave clothes should be prepared and put upon him, and that he be laid out in the usual form. He looked anxiously for the company to assemble which was to follow his body to the grave, and would chaunt in touching language a final adieu to his mother. The tune he selected was solemn, such as he was used to hear under similar circumstances. He would pick and pull at his flesh, while he called on the bystanders to look at him closely, and satisfy themselves that he really was dead.

In the midst of these interesting and deeply touching scenes, he would sometimes burst suddenly into a fit of hearty laughter, and then as suddenly, as if rebuked by his conscience for the indecent levity of such conduct in one who was already an inhabitant of another

world, he would check his mirth. And then, his countenance would be marked in every feature with an expression of the deepest solemnity, he would address himself earnestly to some object in the room, as though he were in the presence of the Almighty, and deeply awed by his majesty; he would then in the most earnest and appropriate language, give expression to his feelings of reverence for the Great Being in whose presence he stood; and with the attitude and accent of prayer, acknowledge his power to save or to destroy. Fully impressed with the idea that he was indeed dead, and a dweller amongst immortal spirits in that world which his religious instruction had taught him to believe would receive his soul, when death had released it from its fleshy tenement; his countenance and his every action took a serious, a sublime expression from the thought, and his whole deportment was such as could not fail to touch, and awe all who saw him. He would remain for some time enveloped in this rhapsody. He heard nothing of what passed near him, and saw only the majestic creation of his imagination, and lived only in regions which his mental infirmity had painted, till they seemed to him those of another and brighter world.

Gradually, after a day or two, his delirium took a character of gayety. His countenance wore a pleasant smile, and a vein of humor marked his conversation. But, if opposed, he would resist forcibly; making powerful muscular efforts, and once he inflicted a severe blow on one of the bystanders. He would sing a tune with perfect accuracy, adapting to it, as he proceeded, words suggested by what was passing around him. When questioned, he would chaunt his answer with perfect correctness, thus conveying all the required information concerning his feelings, his wishes and his thoughts. His gestures were easy and appropriate, nor could he be restrained from making them, by any mechanical opposition placed in his way; for there was a rigid and unyielding energy in his muscular contractions, that overpowered all resistance, like the delirious and convulsive movements of a patient laboring under phrenitis. Restraint made him violent; but if he succeeded in releasing himself, or the restraint was removed, upon the instant a mild and gentle smile threw its bland expression over his face, and he became obedient to a single word, if uttered in a gentle tone. He knew his mother, and always spoke to her with kindness.

This musical mania continued for two days. About the third day, he ceased singing, and the most remarkable peculiarity that his delirium had yet assumed now presented itself. He spoke in rhyme! As he had before made all his answers to the questions put to him, and his voluntary remarks, in a measured and musical tone, so did he now communicate his thoughts in well selected rhymes. He would sometimes rhyme repeatedly on the same word. Again, his transitions would be rapidly made from one sound to another, of an entirely different kind. At all times the words were so selected as to make the most perfect rhyme. And he displayed a degree of ingenuity in

collecting and bringing into use, in the most apposite manner, a large number of similarly sounding words, which would have appeared astonishing even in one who had been rendered familiar, by education and habit, with language in all its perfection. But it must be remembered that this individual was a slave, perfectly uneducated, and showing no farther knowledge of language than was sufficient for expressing his few and simple wants. Negroes have some quickness in catching musical sounds, and in repeating simple tunes by air; hence, I was not surprised to hear him sing; though the quickness with which he adapted his answers and remarks to the tune he was singing, was indeed remarkable. But the ease with which he rhymed was truly astonishing.

The medical history and treatment of the case were as follows:

The patient had been long suffering for want of rest, and for several nights continued to be sleepless. He had well marked exacerbation towards night, when his pulse, which throughout the day would continue nearly at a healthy standard, became quick, small and irritable. During the exacerbations, he paid no attention to what was said to him, unless spoken to earnestly. He would then listen attentively, and would readily promise obedience to any directions; and he always kept his word.

After repeated bleeding, both general and local, blistering, purging, hot pediluvia with mustard, and other means of depletion and derivation, his madness became more calm, but he never said any thing rational; only making in various ways a few half intelligible complaints of the blister, which had been put on his head. His rest returned to him. He would sleep well at night, and frequently had refreshing naps through the day. His appetite became good, so that he eat heartily and with relish.

On the 17th of August, nine days after I first saw him, when the depletory revulsive measures mentioned, had removed all symptoms of excitement except the delirium, a seaton was put in the back of the neck. He was very much alarmed at the idea of the operation, and the sight of the knife and other preparations caused him to shudder, and it was evident he suffered as much mental as bodily pain. But when assured that the operation would benefit him and that it was only for his own good, he became calm, and expressed himself thankful.

The seaton remained till Saturday, the 14th October, forty-eight days from the time of its insertion. The delirium abated evidently and steadily, from the time that suppuration was established. He soon began to walk about the room, then in the street near his residence, and gradually extending his promenade, came to see me at my office and report on his condition. When the seaton was removed, his intellect was perfectly clear, and his physical health completely restored. No inconvenience resulted from the drying up of the suppuration, and he returned to his occupation in perfectly restored health.—*Southern Journal of Medicine and Pharmacy.*

A case of Hydrocele cured by Electro Magnetism. By Thomas L. Ogier.—An old gentleman, whom I was called to attend in November, 1845, for an enlargement of the prostate gland and paralysis of the bladder, had a hydrocele of the right testicle, which caused him great inconvenience, and which he was very anxious I should operate upon. His health at that time was such as to render an operation improper, and I therefore advised him to wait until it should improve, intending then to operate by injection; or if his health did not warrant this, to give him temporary relief by simply puncturing the tumor and letting out the fluid. For the affection of the bladder, it was thought proper to apply the electro-magnetic battery, and pass the shocks from the lower part of the spine through the bladder, in all directions. Whilst making these applications, I felt desirous to know what would be the effect of passing the electric fluid through the hydrocele, and therefore determined to try it. The wires were applied to the tumor and the electricity allowed to pass through it in every direction; this application was made every day for a fortnight, and each application was continued from six to eight or ten minutes. In about ten days the swelling was increased, the testicle itself became enlarged, and painful when pressed, the scrotum was red or slightly œdematous, and the whole tumor assumed very much the appearance of a hydrocele two or three days after the operation by injection. It remained in this condition two or three days, and then gradually subsided; and three weeks after, the parts became of the natural size. It is now more than two months since the application of the battery. The testicle remains in its normal state, the hydrocele evidently radically cured. I am not aware that hydrocele has ever before been treated by the above method. As it produces no constitutional irritation, and is of such easy application, would it not be expedient in recent cases, where there is not much thickening of the tunica vaginalis, and also in hydrocele occurring in old debilitated subjects? —*Ibid.*

Case of Unusual Morbid Condition of the Heart, discovered after Death. By C. F. Hodson, Esq., Surgeon, Bishop Stortford.—A blacksmith, aged twenty-seven, came into the Infirmary of this Union House a short time since, rapidly sinking. He was jaundiced, and much emaciated, complaining of diarrhœa, and urgent dyspnœa. The former was easily relieved, but the latter continued until his death, which occurred shortly after his admission. Upon examination after death, the liver was found to be in the first stage of cirrhosis; the stomach tolerably healthy, the lungs particularly so; the pericardium contained about seven ounces of serum. The right side of the heart presented concentric hypertrophy of the left ventricle, with "vegetation" disease of the semilunar valves. Contained in the chamber of this ventricle, there were from fifty to sixty globular membranous sacs, filled with a puriform fluid, and varying in size from a pea to a small nut. They were slightly adherent to the walls of the ventricle by a small portion of their surfaces between the columnæ carneæ, the smaller ones being thus almost hid-

den, and the larger projecting into the chamber. I have ascertained that the man had been ill for several months, and was of exceedingly intemperate habits.—*London Lancet.*

On a Newly-discovered Characteristic of Albumen, with particular reference to the possibility of its being mistaken for Caseine. By J. Underwood, Esq., Colchester.—In Number 24, vol. ii, of the Lancet for 1845, (new series,) there is an article, by Dr. Ure, upon the potato malady, and to the following paragraph, extracted therefrom, I would beg to call particular attention, as it is very likely to mislead those who are not conversant with the late discoveries in organic chemistry.

"Liebig imagines the essence of the disease to consist in the conversion of the albumine, a usual constituent of healthy potatoes, into caseine—a principle which, by its great instability of composition, is supposed to cause the potato to putrefy rapidly. I have subjected this opinion to the test of experiment. Perfectly sound potatoes, as also diseased ones, were sliced or grated, and separately digested in a very dilute alkaline ley at a blood heat. The infusions, when cool, being filtered and faintly acidulated with dilute acetic acid, afforded respectively a like proportion of caseine-looking flakes. It would thus appear, from this mode of testing, as prescribed by Dumas, in the seventh volume of his 'Traité de Chimie,' that sound potatoes contain as much caseine as unsound."

But I suppose Dumas and Ure, both of them, forget that Mülder, of Amsterdam, some time back, discovered that when either albumen, caseine, or fibrine were dissolved in caustic alkali, these solutions precipitated, upon the addition of a little excess of acid, a substance in appearance identical with caseine, but differing chemically therefrom in being a compound simply of carbon, hydrogen, nitrogen, and oxygen, while caseine is a compound of carbon, hydrogen, nitrogen, oxygen, and sulphur. To this substance he gives the name of protein, supposing that it is the common fundamental principle of albumen, caseine, and fibrine, which it forms by uniting with certain small quantities of sulphur, or sulphur and phosphorus, and which latter bodies are separated by the alkali, and retained in solution. When the protein is precipitated by an acid, the precipitate obtained therefrom by Ure was not caseine, but the protein of Mülder; or we are justified in supposing this to be the case till Ure or Dumas shall have proved by ultimate analysis that it is not.

There is another test for albumen to which Ure doubtless did, or at any rate ought to have had recourse, though he does not tell us so—that is, the supposed property of all albuminous fluids to coagulate by heat; and were this characteristic universal, it would be a good test; but I find, that when once we have dissolved albumen in caustic alkali, we are enveloped in many difficulties, from which time, perseverance, and experiment only can liberate us. I trust, ere long, to be able to do this; but for the present, I would only state my results as far as they go. I find, that when thus dissolved in certain pro-

portions, it entirely loses the property of coagulating by heat, and that in proportions where it does not lose this property entirely, it does so to a great extent. A quantity of albumen is left in solution after all has been coagulated that heat will render insoluble, and protein is precipitated from this solution upon the addition of a slight excess of acid.

I think, therefore, that until the various properties of albuminous fluids can be fixed by definite laws, the conflicting statements of Liebig and Ure must fall to the ground, and we must seek elsewhere for the grand fundamental cause of that change which has plunged many parts of our own, together with our sister country Ireland, into a state of destitution and want, than in the conversion of the albumen into caseine.

I trust that these remarks will throw the path open for other experiments, and that others will follow it.—*Ibid.*

Therapeutical Application of Caoutchouc.—Common salt was at one time regarded as a sovereign remedy against phthisis in all its stages; but it has resumed its old station as a culinary article, and is now beneficially employed only by cooks. Cod-liver oil succeeded the saline treatment, but this appears to be gradually losing ground, and before long will probably share the fate of common salt. A Presburg physician has, however, contrived to stumble upon a remedy which certainly has the merits of novelty and *originality* over the two above mentioned plans of treatment. This is the inward use of *caoutchouc* or Indian-rubber as a therapeutical agent! According to the account given by its discoverer, its powers are marvellous. A boy twelve years of age, labouring under hectic fever, swallowed by mistake two drachms of caoutchouc: in six weeks he was perfectly cured! A woman aged 38, who was in a very advanced stage of phthisis, having been informed of the above mentioned result, stole some pieces of caoutchouc and swallowed them: her symptoms became speedily alleviated. The caoutchouc was repeated, and she was perfectly cured!—*Gaz. Medicale.*

Abstract of a Lecture on Antidotes to Poisons. By Alfred Baring Garrod, M. D.—The lecturer having defined the term *antidote*, divided antidotes into two classes;—first, those which alter the nature of the poison, and thus prevent its injurious action; and, secondly, those which counteract the effect when once produced. The latter class he passed over as being more within the province of the medical practitioner.

The first class, which may be called *direct* antidotes, should be understood by chemists, and their efficacy depends on their immediate administration, which, however, should not supersede the use of the stomach-pump or emetics for the removal of the poison from the stomach.

Dr. Garrod classified poisons into inorganic and organic. Among the former, the mineral acids and the caustic alkalies should be neutralized by substances harmless in themselves and capable of pro-

ducing inert or inocuous compounds, a circumstance which should always be considered in the selection of an antidote. For instance, solution of caustic potash should not be given as an antidote for oil of vitriol; but chalk, magnesia, or bicarbonate of potash or soda. For oxalic acid, lime water or chalk should be given, not potash or soda. For the caustic alkalies, such acids as are harmless should be selected; for instance, citric or tartaric acid, or vinegar, with mucilaginous drinks. For sulphuret of potassium, the best antidote is chloride of soda.

As an antidote for iodine, starch is efficacious when given in sufficient quantity, as it produces an insoluble and inert compound.

Arsenic being a poison more frequently used than any other, many antidotes have been tried, among which are sulphuretted hydrogen, sulphur, lime water, &c., but this class of substances are less efficacious than the hydrated peroxide of iron, which, however, must be given in such quantities that there shall not be less than eight or ten grains for every grain of arsenic. Unless given in excess it is not likely to succeed, and emetics or the stomach-pump should also be employed.

Among the mercurial poisons, corrosive sublimate is the most dangerous, and the best antidotes are albumen, gluten, and the protosulphuret of iron. Eggs and flower being generally at hand should be given in considerable quantities. The protosulphuret of iron is prepared by adding hydrosulphuret of ammonia to a solution of protosulphate of iron. When this is within reach it is useful, as it forms an inert compound of mercury when added to corrosive sublimate.

For the salts of antimony—decoction of oak, elm, or other bark, containing tannin, has been recommended, as this forms an insoluble tannate of antimony.

The salts of lead and baryta may be counteracted by sulphate of soda or magnesia. Albumen and caseine form insoluble compounds with salts of lead; milk may therefore be given. No sure antidote is known for the salts of copper. Sugar has been recommended as an agent capable of reducing copper salts, but it requires for this purpose a higher temperature than that of the stomach. Albumen *in excess* has been proposed; but albuminate of copper is soluble if excess of the sulphate be present. Common salt is the antidote for the nitrate and other salts of silver, as it forms an insoluble chloride.

The next class—namely, organic poisons, are much more numerous than those above mentioned; comprising prussic acid, the alkaloids (strychnia, morphia, &c.) as well as all other vegetable and animal poisons. On this part of the subject the lecturer dwelt more at length and detailed the result of a course of experiments which has led him to recommend animal charcoal as an antidote for vegetable poisons in general, as well as for some of the mineral poisons. It has long been known that charcoal (either animal or vegetable) exerts a peculiar action on colouring matters and absorbs gases, on which account it is used in filters for purifying water. It has also been observed to throw down certain substances from their solutions,

for instance, lime, iodine, &c., as stated by Professor Graham in his Elements of Chemistry. Mr. Warington lately read a paper, at a meeting of the Chemical Society, on the removal of the bitter principle from infusions by animal charcoal. Makers of morphia and other alkaloids are aware that the product is diminished if much charcoal be used. Bertrand tried wood charcoal as an antidote for arsenious acid, corrosive sublimate, and the salts of copper; but in quantities so small as to be inert.

The lecturer had recently introduced the use of animal charcoal as an antidote for some of the inorganic poisons, but more especially for the organic. Before commencing his experiments it had occurred to him that the gastric juice might possibly interfere with the absorption of the poison by charcoal; but this he found not to be the case. His first experiments were with strychnia, which he administered to two guinea-pigs, in one case with animal charcoal, in the other without; and also to several rabbits. In all cases those animals which took the poison with a proper quantity of the antidote, were not at all affected, while the others died. But it appeared that to saturate half a grain of strychnia, two drachms of the charcoal were required, and unless given at least in this quantity, it was not efficacious. The same results were observed in the case of dogs and other animals; one-sixteenth of a grain of strychnia was found sufficient to kill a frog, but with a proper quantity of charcoal a quarter of a grain was given without any poisonous effect. From half a grain to one grain was found to be enough to kill a dog in about ten or fifteen minutes; but when animal charcoal was given in the proportion of half an ounce to each grain of strychnia, no effect was produced.

Nux vomica, which in doses of twenty or thirty grains will kill a dog of average size, was rendered inocuous by the administration of half an ounce of animal charcoal.

In the experiments with the pure alkaloids the antidote was given with the poison; in the case of the more mild vegetable poisons, the antidote was administered ten or fifteen minutes afterwards, and mostly with a favourable result.

Similar experiments were tried with opium and its preparations. In giving the tincture of opium it was necessary to take into consideration the effect of the alcohol, two drachms of which are sufficient to kill a dog, and this result is not prevented by charcoal.

The emetic properties of ipecacuanha were found to be counteracted by animal charcoal: and the antidote was found equally successful with elaterium, tincture of aconite, aconitine, belladonna, stramonium, hemlock, cantharides, and other vegetable poisons, as well as hydrocyanic acid.

The success of these experiments had induced the lecturer to try the efficacy of animal charcoal as an antidote for the mineral poisons, and with several of them he had found that when given in a large quantity it was more successful than the antidotes usually recommended. In many cases it was found to counteract or lessen the effects of arsenic, corrosive sublimate, the salts of lead and copper;

but not so completely as to supersede the necessity of administering such substances as are capable of forming insoluble and inert compounds with the poison.

From the above experiments, the lecturer had come to the following conclusions:—First, that animal charcoal has the power of combining with the poisonous principles of animal and vegetable substances, and forming innocuous compounds: second, that it will absorb and render inert some mineral substances, but, except in the case of arsenic, is not so generally applicable to those poisons as their special antidotes, the quantity required being very great; third, that a certain amount of animal charcoal is required to neutralize the poison—for morphia, strychnia, &c., half an ounce to a grain for the substances from which these alkaloids are obtained, half an ounce to a scruple;—fourth, that the charcoal itself exerts no injurious action on the body.

The kind of charcoal employed in the experiments was the purified animal charcoal prepared according to the directions of the London Pharmacopœia—namely, ivory-black, digested in dilute hydrochloric acid, washed and dried. It is improved by heating it to redness in a covered crucible. Ivory-black, if not purified, must be used in much larger quantity, and vegetable charcoal is efficacious only to a comparatively small extent.

In administering the charcoal it should be triturated with lukewarm water, so as to form a fluid of slight consistency, in the way the antidote may be given in ounce doses, or more, according to circumstances. In the selection of emetics, those only should be used which are not rendered inert by charcoal. Ipecacuanha would not operate in contact with it; but sulphate of zinc should be substituted.

In conclusion, the lecturer suggested the propriety of trying animal charcoal as an antidote for other subtile poisons, such as rabies, syphilis, the venom of serpents, &c., applied as a poultice to the part affected, also as a remedy for diabetes, and some other disorders arising from noxious or unhealthy secretions.—*Pharm. Journ. from Dublin Medical Press.*

New Mode of Preserving Bodies for Dissection.—Several years since a patent was obtained by the distinguished head of the medical department of the navy, Sir William Burnett, for a process discovered by him for preserving timber, canvass, &c., from dry rot, mildew, &c. The preserving substance is *chloride of zinc* in solution, and has been proved to be of perfect efficacy, by the most extensive and long-continued trials. Latterly the solution has been applied to the uses of the dissecting-room, and, as will appear from the following testimonials, with the most decided good effects.

14, *Golden Square, Feb.* 13, 1846.

My dear sir,—It affords me much pleasure to state the result of some experiments I have made with your patent fluid, with the view of testing its value as a preservative of animal structures prepared by

the anatomist. This will not require many words. When used in a proper degree of dilution (about one part to fifty of water), its success is complete, and it appears to me to preserve the colour and texture of the parts very admirably. It has the further very important advantage, of not acting on the steel instruments employed, being, in this respect, equal to alcohol. I consider this fluid as a very valuable addition to the means hitherto at our command for such objects.

Believe me, my dear sir, ever faithfully yours,

W. Bowman, F. R. S.,
Demonstrator of Anatomy in King's College,
and Assist.-Sur. of King's Coll. Hosp.

To Sir W. Burnett. K. C. H. &c.

University College, London, Oct. 29, 1845.

My dear Sir William,—I gladly state the result of the trials I have hitherto made of the chloride of zinc, as a preservative of the dead body for anatomical purposes. * * *

The liquor not only prevents the access of putrefaction, but corrects its effects, and arrests its further progress when employed after the process has commenced. I witnessed a most signal instance of its efficacy in correcting offensive putrescence, and checking further decomposition, during the warm and moist weather of July, and can speak most confidently on the point.

We are now trying the qualities of the solution as a liquid for preserving wet preparations in jars, for which purpose I think it ought to answer well. I shall let you know the result of our trials when sufficiently advanced.

I remain, my dear Sir William, yours faithfully,

W. Sharpey.

To Sir W. Burnett, K. C. H. &c.

30, *Chester Street, March* 24, 1846.

Dear Sir William,—I have now used extensively your preparation for the preservation of animal matter, and find that it succeeds most completely.

From the 3d to the 28th February, I lectured upon the superior extremity. The arm, when received, was green in colour, and highly offensive. I injected the arteries with the fluid, mixed in the proportion of one pound of chloride of zinc to three gallons of water; and as the dissection proceeded, the surface of the limb was sponged about every alternate day with the solution. It was perfectly restored to its former fresh condition.

I have also placed various portions of the body in the solution, and they at present remain quite free from putrefaction. All our subjects are now injected with the fluid immediately they arrive; and I do not hesitate to say, that our dissection room is more free from unpleasant odour than any room of the kind in the metropolis; and the great advantage this fluid possesses over all others we have as yet tried is, that it has no effect upon the knives.

I cannot but consider it one of the greatest boons conferred upon the profession. Dissection may be carried on in the hottest weather without the slightest injury to the health, or offence from smell.

Believe me, dear Sir William, your very faithfully and obliged,

W. Veralius Pettigrew,
Lecturer upon Anatomy and Physiology at
St. George's School of Anatomy and Medicine.

To Sir Wm. Burnett, K. C. H. *Lon. Med. Gaz.*

Vegetable and Animal Food.—We learn from a late number of the Gazette Médicale, that a very economical application has been made of the recent discoveries in organic chemistry, by the substitution of a vegetable for an animal diet in hospitals. Some enterprising French chemist has lately announced that beans and peas contain more gelatin, fibrin and fat (!) and in general a greater amount of nutriment, than beef, veal, and mutton! The authorities of the hospital at Avignon, acting upon this view, and with the most anxious solicitude for the well-being of the patients, have cut them off from the debilitating diet of mutton and beef; and, upon chemical principles, have ordered them a more stimulating and nutritious kind of food, in the shape of beans and peas! The presence of a large quantity of *fat* in these vegetables has also enabled them to reduce materially the consumption of olive oil!

Strange as it may appear to those acquainted with modern chemical doctrines, and the accuracy of analysis, the patients have most ungratefully and unfeelingly objected to the change. An antileguminous spirit has sprang up among them, and they persist in declining to be fed upon chemical theory. With the plain facts before them, that chemistry has proved that animal and vegetable substances contain identical proteinaceous compounds, they are unreasonable enough to declare that they prefer mutton and beef! How the matter will end it is impossible to say, but we are informed, that in spite of the watchfulness of the hospital attendants, the antileguminous party have actually succeeded in privately smuggling into the institution those provisions which have been denounced as deficient in nutritive matter.—*Ibid.*

Infanticide; Contusion and Flattening of the Head.—A young girl, in whom the exterior signs of advanced pregnancy had been noticed, was delivered clandestinely; being suspected of infanticide she obstinately denied both her pregnancy and accouchment. A professional man, called in to examine her, ascertained that she had been recently delivered. She then confessed that she had up to that time endeavoured to deceive, and added that while alone in her bed-room she was delivered of a dead child, which she had concealed (*enfoui*) three days afterwards in a place which she pointed out.

An inspection of the body was ordered, and the examination shewed that the child was born at full term, well formed, viable, and

that it had lived. There was an evident flattening of the cranium in the transverse direction, and considerable ecchymosis, or rather sanguineous effusion in the cellular tissue, uniting the skin to the bones of the skull. This effusion principally occupied the two parietal regions, and was much less marked at the vertex and posterior part of the head. The medical men pronounced this to be the cause of the death of the infant.

It remained to inquire whether these traces of violence were the result of crime or of accident. From the account given it was possible that a compression so considerable as this might have been the result of labour, but of a labour long and difficult. Now, from the statement of the accused herself, the labour had been neither long nor difficult, and had been accomplished without assistance. It could not therefore be the labour which had caused the flattening of the cranium. Feeling the necessity of explaining this condition of the body, the accused pretended that this flattening might have been caused by the stones which she had placed upon the body in burying it. The ecchymosis, however, incontestibly proved that the injury had taken place during life, and all the circumstances seemed to establish the guilt of the accused.

It should, however, always be borne in mind that without the aid of moral proof of guilt, there is, perhaps, room for some reserve in regard to the facts elicited by the medico-legal investigation; for as the physician consulted very properly pointed out, it was not absolutely shown that the lesions revealed by the autopsy might not have been the result even of the labour. Influenced by these considerations, the Court referred to the jury the question of homicide by imprudence, which was affirmed.—*Gaz. Med. de Paris.*

[Looking to all the circumstances, there is, perhaps, little ground for question, but that in this instance the death of the infant was the result of crime. The following case, however, shows the necessity for extreme caution on the part of medical witnesses, and fully justifies the reserve manifested in the one just detailed.]—*Ed. Med. and Sur. Jour.*

Death of a Child from injury, Dependent on forcible Exposure.—Mrs. B., aged 30, married, and pregnant with her first child, was seized during the night with labour pains. Being a refugee from the late fire in Quebec, she occupied part of a garret in which two or three other families, and some young men, were sleeping. Feeling a delicacy at being confined under such circumstances, she suppressed her cries till daylight, when she descended into a lower apartment, in which resided a woman who had been recently confined, to whom she detailed her feelings, requesting, at the same time, that some warm water might be given her to sit over, to relieve what she described as a great pressure at the lower part of the bowels. She had scarcely seated herself on the edge of a rather high chair, when a severe pain seized her, and before any assistance could be afforded, (though one or two women were in the room,) the child was forcibly

expelled, and fell head foremost on the floor, being killed on the spot. The reporter of the case was sent for immediately after Mrs. B. had descended into the lower chamber, but did not arrive till about twenty minutes after the delivery. The child, which was a remarkably fine one, was perfectly dead, and still attached by the cord to the placenta, which came away shortly after the infant. In the above case not the slightest suspicion of criminality can attach to the mother; but suppose the delivery to have taken place in private, though there would be ground for a medico-legal investigation, still with the fact brought before them by the Coroner, that such cases as that now reported do not unfrequently occur, a jury should be extremely cautious how they return a verdict of wilful murder against the unfortunate mother. —*British American Journal.*

Case of Hanging, treated successfully by the affusion of cold water. —E. Noyce.—At about 3 a. m., a few weeks since, I was sent for to see a man who had suspended himself by the neck by means of a pair of braces. On arriving, I found he had been 'cut down' by his father about four or five minutes before, and from what I could gather, he had been hanging about two or three minutes, so that from the time of suspension to the time of my arrival, at least six minutes must have elapsed, during which time he had ceased to breathe. His features were pallid, and the conjunctiva injected with blood; the heart's action continued, although but feeble, the pulse being about 80, and very weak. I endeavored to perform artificial respiration; but the only pair of bellows I could obtain were so much out of order that this was impossible; I therefore threw them aside, and tried the effect of cold water, well knowing the powerful reflex action on the muscles of inspiration which follows its sudden application to the surface. On the first affusion I perceived a gurgling in the throat, and renewed the operation; a slight inspiration directly succeeded. The affusion was frequently repeated, and was followed each time by an inspiration, each more perfect than the last, until the lungs were fully inflated; respiration then continued regularly, accompanied by frequent yawning and sighing.

I bled him to sixteen ounces, which restored him to consciousness, and he has had no bad symptoms since, excepting a severe pain at the back of the neck, which shortly passed off, and he remains quite well.—*Med. Gaz.*

Dr. Goudret's Ammoniacal Blistering Ointment.—The following improved formula for this application is recommended by the author in preference to that which has hitherto been in use:

Take of lard - - - - -	32 parts.
" Oil of almonds - - -	2 "

Melt the lard with the oil by the application of a gentle heat: pour them in the melted state into a wide-mouth bottle, and add

Solution of ammonia - - -	17 parts

Mix, by continual agitation, until it becomes cold. It is necessary to avoid the application of much heat in the preparation of this ointment. When well prepared it will produce vesication in about ten minutes, and will retain its properties unimpaired for about a month, if kept in a well-stopped bottle.—*Dub. Med. Press, from Journal de Pharmacie.*

A curious effect of Acid Irritation of the Kidneys. By Robert Dick, M. D.—A gentleman, about eight and thirty, has more than once complained to me of symptoms caused by the use of acerb articles of food. Within from four to eight hours after the unguarded employment of such food, he had already informed me that pains or twinges of a peculiar kind affected his thighs, sometimes extending to his calves. These pains resemble now sharp pricking by a pin; now something akin to, but not *quite* resembling, a very severe *pinch* by the finger and thumb of another person. Meantime the kidney itself was not the seat of any pain, though, from preternatural acidity of the urine, there was ardor urinæ. On the following day, however, there was usually pain, on either side of the lumbar spine, indicating renal irritation. The treatment which I suggested, and which was always effectual on such occasions, was half a dram of carbonate of potass, largely diluted, to which were added from two to five grains of nitrate of potass, to direct the fluid to the kidneys, and carry out the acid secretions going on or completed there, and the presence of which were the cause of the suffering of these organs.

The last attack is of so curious a sort, that I am desirous of recording it. The patient, whether from some structural change in the heart or liver (for he has suspicious symptoms in both organs,) or from a less formidable cause, is a good deal annoyed with a loaded state of the intestinal mucous membrane, leading to a tumid state of the rectum, occasional prolapsus and sanguineous exhalation from the everted surface. By my suggestion he has on these occasions used cautiously a cooling sub-acid diet, such as grapes, stewed apples, stewed pears, stewed rhubarb, cider, claret. These, along with small doses of the milk of sulphur, and the bitartrate of potass, have relieved the protrusion of the bowel, without inducing derangement of the kidney. But last week, this gentleman, suffering more than usual from the tumid state of the rectum, took, on each of two succeeding days, a dozen of the rather sour apples used for stewing, and though these were cooked and sweatened, he experienced, on the nights of the second and third day, the following singular affection.

On the afternoon of that day, he noticed that the quantity of urine was diminished, and that there was a soreness and fulness on either side of the lumbar spine; but from neither of these causes did he suffer any direct pain or inconvenience of the slightest consequence. But about eight o'clock at night, he began to feel at the inner and lower extremity of the right femur, and just between that and the patella, a pain, which, resembling at first the usual one, like the prick

of a pin, gradually increased in vehemence, till it became all but intolerable. He could compare it, he said, to nothing but flashes of intense pain, and he tells me he could give me a diagram of this pain. He might compare it, he said, to a star and radii of about an inch and a half square; the pains "corruscating," so to speak, from a central point, to the extent above named. Sometimes the sensation was somewhat of a tearing kind, and went deeper, resembling somewhat, so far as I could comprehend, the lacerating pain experienced in gout. It was such as totally to prevent sleep for many hours, but it did not cause any febrile excitement, nor did it terminate in perspiration either of the part, or general. It left him towards morning. He was entirely free from pain everywhere else, with the exception of the slight uneasiness in the renal regions already indicated. His urine the next morning, and during the next day was strongly acid.

I attributed the affection to irritation of the kidney, and of course regarded the pain at the knee, as analogous to those pains, seemingly situated in the fingers and toes of persons who have lost limbs by amputation; the pains being really seated, if we may use the word, at the origin of the nerves, going to the lost parts. The irritation of the kidneys had, doubtless, in some way, extended to the spinal cord, or to the roots of the lumbar nerves.

I ordered diluents and a general laxative, and having noticed in some similar affections a tendency to periodicity, I suggested an opiate at bed time. The propriety of this was shewn by the recurrence of pain that night, with such considerable severity, that my patient assured me, that but for the opiate he would have suffered no less than on the preceding night. As it was, he suffered less; still he suffered not a little, and though he dozed he did not enjoy sound sleep. A repetition of the opiate, however, secured this on the next night, and removed entirely the attack.—*Lond. Med. Gaz.*

The Asiatic Cholera.—In a late number we stated that the Asiatic cholera had spread through several provinces of Persia, and had given rise to great mortality in some of the principal towns. It is reported to have extended from Bokhara across the Persian frontier to Herat and Meshid, thence south of the Caspian to Teheran, and still further south to Ispahan. Recent accounts from Odessa, state that it has crossed the Russian boundary, and has appeared at Tiflis, taking a course northward between the Caspian and Black seas; while according to the latest intelligence from Riga, it has broken out at Orenburg in the Uralian mining district, crossed the Volga, and appeared on the European side at Kasan, about 1200 miles from St. Petersburg. If these accounts are to be trusted, the disease has taken a somewhat irregular course, in a direction west by north; and it does not appear to have followed the banks of great rivers as in the former irruption of 1828-30. The disease which reached England in 1831, prevailed in Persia for seven years from 1823 to 1830. It appeared at Orenburg for the first time in 1823; and was confined to this quarter for a period of five years. It reappeared at Orenburg

in 1829, and its prevalence and fatality in this province were so great, that upwards of one-tenth of the inhabitants were seized with it, and one-fourth of those who were attacked, died. It reached St. Petersburg in July, 1831, and England on the 26th October of that year. At Tiflis, where it is again reported to have broken out, the mortality from the former epidemic was so great, that three-fourths of those who were attacked, perished. We shall take care to report any further information which may reach us respecting the progress of the malady.—*Ibid.*

Means of counteracting the action of caustics.—When you use a caustic, it is always prudent to have some counter-agent at hand to stop its action if its reaches a sound part. If you use nitric acid, you should have at hand a solution of the bicarbonate of potash; caustic potash may be neutralized by vinegar, or by a solution of the diacetate of lead. If you are afraid of nitrate of silver burning the neighboring parts, its action may be neutralized by common olive oil. A solution of bicarbonate of potash will decompose chloride of zinc, and so on with other caustics.—*Sir B. Brodie's Lectures on Pathology and Surgery.*

[The carbonate will answer as well as the bicarbonate of potash, and a strong solution of common salt will effectually decompose and neutralize the caustic properties of nitrate of silver.—Ed. Gaz.]

Adulteration of Iodine. By M. Herberger.—The present high price of iodine of course leads to its being adulterated. Sulphuret of antimony and carburet of iron are used for this purpose to a considerable extent. To detect these adulterations, the iodine should be sublimed at a gentle heat; the sophistications will of course be left.

A new sign of Pregnancy.—By Dr. Pollenden.—The author states, that during a practice of eighteen years he had observed a peculiar smell of the vaginal mucus to be a constant and unerring sign of pregnancy. The smell is musty, like that of spermatic fluid or liquor amnii; and, after a vaginal examination, it cannot be mistaken for any other odour. In a great many cases of pregnancy, during the first, second, and third months, when the condition of the patient was doubtful, owing to the earliness of the period, the author never in a single instance failed to discover the true state of the party by means of this sign. According to his latest observations the odour is perceptible as early as the eighth day of gestation.—*Northern Journal of Medicine*, from *Med. Correspondenzblatt Rhein.*

Formula for Extempore Gaseous Chalybeate Water.—Take of crystallized sulphate of iron two drachms, white sugar three drachms, pulverize and divide into twelve powders. Take of bicarbonate of soda two drachms, sugar three drachms, and divide also in twelve powders. One of them is mixed in half a tumbler of water and drunk while effervescing.—*Ranking.*

DURATION OF PREGNANCY.

We extract the following account of legal proceedings in a case of bastardy, from the American Republican, published at Lancaster, Pa., of the 2d of May, 1846.

"*An Important Law Case.*—The following report of an important case, tried in the Quarter Sessions of this county, last week, was originally prepared by a gentleman of this city for his own use, from memory. Of course the exact words of the witnesses are not given, but it is believed that it will be found correct in every material point. There may be, we are aware, some persons who will object to the publication of such reports, but the importance of the case we think will prove an ample justification, it being, so far as we can learn, in one of its features, unprecedented in the United States.

Commonwealth vs. *Elijah F. Hoover.* } In the Quarter Sessions of Lancaster county, of April term, 1846.

This was an indictment for fornication and bastardy upon the body of Catharine E. Reiff. Frazer and Mathiot for the Commonwealth. Stevens for defendant.

The prosecutrix swore that the sexual intercourse took place between 8 and 9 o'clock on the morning of March 23d, 1845, at the house of her father, which is situated but a short distance from the dwelling of the defendant, that the defendant was with her about half an hour or thereabouts, could not tell exactly how long he staid, but knows he went away in time to go to church, three miles off, and that he visited her again the same evening between 11 and 12 o'clock. Knows that it was past 11, because she wondered what kept him so late; was waiting for him. Church goes in at 10 o'clock.

Says she knows a man named Benj. Leaman; never threw her arms around his neck and kissed him; never sat upon his knee; never had any obscene conversation with him. Did lend him a book which had been lying in the bar at her father's, but was unacquainted with its contents, had never read it and did not know what was in it, could not tell whether it had obscene plates or not.

Never went up to her own room at night, and then after the rest of the family were asleep come down again and sit till two o'clock with a strange drover. Never was guilty of such an act in her life. Two or three young men did visit her after the 23d of March, '45, but she did not receive their addresses; did tell one of them to speak to her father about it to get rid of him; did know a man named Z., but did not know where he was now; it was said he was in New York. Never had sexual intercourse with any but defendant. Saw defendant once after March 23d, but had no opportunity to speak to him. My child is a male, and was born on January 30th, 1846. Did not swear before the squire to any other time than the 23d of March. He came to see me for two years.

Eliza Johnson. Says she was present at the birth of the child.

Came about six o'clock in the morning, and remained till nine at night. Prosecutrix said several times that she never thought defendant would bring her to all this misery. It was on the 30th of January last.

A brother of the prosecutrix was offered to prove, that the squire, before whom she had made oath as to the paternity, had told him that the copy of the complaint was wrong, so far as it related to the introduction of the word '*since*' after the words "the 23d of March, 1845, and at other times." The Court overruled the offer, and the testimony was rejected. The squire had been subpœnaed, but being sick could not attend. The docket was then produced and was found to differ in some of the words of the complaint from the copy returned to the attorney general. The word "*since*," upon the inspection of the docket, appeared to have been interlined at a time subsequent to the original entry of the complaint which the prosecutrix had signed.

The defence embraced three grounds; first, an alibi as to both visits; second, that the prosecutrix was of loose character; third, the impossibility of the period of gestation in a healthy case extending to 313 days. To make out the first, the defendant called his father, who testified, that defendant was about all morning and was at home before 9 o'clock; knows the date because he was about to move, and had business to transact of importance near Columbia on the following day; left home on the 23d, a little before or about 9 o'clock. Did not keep his eyes on defendant all morning, but did not miss him from the house at any time before his departure. The distance from my house to the place where prosecutrix lived is about 4 or 500 yards.

A brother of defendant testified that he was at home all morning; helped defendant to feed the cattle; thinks that defendant was not out of his sight more than fifteen minutes at a time that morning. Knows it was the 23d; it was Easter Sunday. The distance between the two houses is about 100 or 120 yards.

An uncle of defendant testified that he did not miss him from home that morning. Did not keep his eye on him the whole time. He might have been away without his knowing of it, but thinks not.

——— testified that he was at the house of —— Henderson on Sunday evening, March 23, 1845. Knows the time, because it was the Sunday after the spring election. Left there about 9 o'clock. Defendant and Wm. Hamilton and others were present. Left them at Henderson's. The distance from Henderson's to the house of prosecutrix' father is about three miles, it may be more, can't tell exactly.

Wm. Henderson testified that on the night of March 23, '45, defendant was at his father's house. Witness left the room a few minutes after eleven o'clock, defendant was there then. Did not go to sleep for half an hour, and defendant could not have gone away while he remained awake without his knowing it; the noise of their horses would have been heard by him. Knows that it was half an hour, because he always lies awake till he goes to sleep. Does not say his prayers; has no other way of telling how long he remained

awake than by guessing at it. Knows it was the 23d of March because Hamilton wrote, that evening, the name of defendant with the date in one of my music books. Cannot tell how long I lay awake any other evening one year ago. The distance from our house to Reiff's is about five miles. The book produced, and name and date found as described by witness.

Hamilton, the other person present at Henderson's on the 23d, was not produced; both parties had subpœnaed him, but he was said to be at Havre de Grace, out of the State.

Several other witnesses were examined in relation to this branch of the case, but as their testimony is not material, it is omitted to save room.

B. Leaman sworn: says that he is a married man; that prosecutrix used to come to his house, would sit down on his knee, throw her arms around his neck and kiss him; that on one occasion while out with her hunting blackberries, she asked him several obscene questions, and that she had recommended him to read a book by the Earl of Rochester, full of obscene plates, which book she procured and lent to the witness. Was a tenant of defendant's father up to the first of April, 1845; am now his tenant, having removed on the first of April last to where he now lives.

Susan McCarraher swears, that one Saturday afternoon, about two years ago, she and prosecutrix were walking on the road not far from the house; that two drovers came down the hill riding in a fancy wagon; that one of them jumped out, and that Catharine took his place in the vehicle and rode with one of the drovers to the house, while she walked to the same place with the other. That these drovers remained there till Monday morning, and that on Sunday evening prosecutrix went with her up to her room, but didn't go to bed. She waited till the family were asleep, then went down stairs and sat up with one of the drovers till two o'clock. I did not see her sitting with the drover; she told me so when she came up. She told me not to tell, because her brothers and her father would be angry if they should find it out. Knows the drover was a married man, because the next morning, while making the beds, they looked into his valise and saw and read a letter to him from his wife. I now live with the sister of defendant. It was not me who sat up with the drover. I went to bed.

At a subsequent period of the case, the following testimony was given, which we introduce here because its bearing will be more clearly understood by the reader, than if we should follow the order in which it was given in Court.

The father of prosecutrix testified that on one occasion, but whether it was the time the two drovers were at his house he could not be positive; he overheard Susan complaining to his daughter, because she had left her alone with the stranger. He never saw any thing in the conduct of prosecutrix to make him think she would sit up with a strange drover till 2 o'clock in the morning. Believes her

character for truth is unblemished. Defendant was at my house every day for two years.

Four or five witnesses were called who testified that the character of B. Leaman for veracity was bad. They would not believe him on oath. The character of Susan was not impeached by testimony, though her position, as the hired girl of defendant's sister, was commented on by counsel with much severity.

Several witnesses were called, who testified to the good character of prosecutrix; among them three or four respectable young men, who at various times had visited her, and one of whom had made proposals of marriage. They all said her conduct while in their company was irreproachable; that she was a diffident, backward girl, and that with the exception of the matter now trying, her character in all respects was good. Several other witnesses testified to her previous good character, and one or two to the fact, that since the 23d of March, 1845, she had declined to receive the addresses of several young men, having dismissed them on various pretexts. It was also proved that defendant had visited her, as a suitor, for about two years previous to March, 1845. This was all the material testimony given, except the medical evidence."

Delivery having taken place *three hundred and thirteen days* after the time when connection occurred, according to the allegations of the prosecutrix, medical testimony was at this stage of the proceedings adduced, to show the time to which gestation may be protracted, in a normal case. Twelve physicians were examined, all, we believe, residents and practitioners of the city and county of Lancaster—men of experience and reputation in their profession. As usually happens in such cases, the testimony of these gentlemen—or rather, we should say, *opinions*—were exceedingly discordant. Some thought the period was never protracted beyond nine calendar months, or two hundred and seventy days; others, that it might be protracted a few hours or even a few days beyond that; and others, that it was sometimes extended even to ten months. One or more of the latter regarded it as *possible* that gestation might, in a healthy condition of things, be protracted to three hundred and thirteen days, but that it was not very *probable*.

"Both sides having closed the testimony, Mr. Mathiot read the following medical authorities, Hamilton on Midwifery 53 & seq. Dewees 130 & seq. Cyclopedia of Practical Medicine 276 & 281. A case from Moreau's late work on obstetrics. Mr. Frazer read the legal authorities on which he intended to rely.

The medical authority chiefly relied on by the defence was Dr. Beck's Medical Jurisprudence. The case was very ably argued on both sides by Messrs. Stevens and Frazer.

Mr. Mathiot displayed much ingenuity and extensive reading in the examination of the medical witnesses.

The following is the charge of the court as furnished by the Judge to the editor of the Examiner, from which paper of Wednesday last we copy it. Our reporter had prepared a very full synopsis of it, which agrees almost verbatim with the original as published below. This circumstance affords a strong proof that the rest of our report is equally correct.

CHARGE OF THE COURT,

Com. *vs.* Elisha F. Hoover. The defendant is indicted for fornication and bastardy. The prosecutrix, Catherine E. Rieffe, is a competent witness, but her credibility is for the jury. According to her account the child was begotten on the 23d of March, 1845. It was born on the 30th January, 1846—a male, fine, large and healthy. The period of gestation was 313 days. It is conceded that the defendant had no intercourse with the mother after the 23d March, 1845, and the time of delivery is fixed with equal certainty. A question of science has arisen respecting the possibility of protracted gestation.

The usual period is nine calendar months, or from 273 to 275 days. What has been denominated the *extreme* of the *usual period* is 280 days or ten lunar months. But whether, and if any, what longer time may be allowed as possible, are the questions which this case presents for decision. Medical writers of celebrity and authority are arrayed on both sides of these questions. And the medical witnesses upon the stand are in like manner divided in opinion. In construing this evidence, so far as respects the FACTS narrated by each, it is proper to consider that writers and witnesses are respectively relating only the results of their own knowledge; and when one states that no case of protracted gestation has fallen under his observation, it is but negative testimony, and cannot justly be relied upon to invalidate the affirmative evidence of others equally entitled to credit, who enumerate cases of the kind, which they positively affirm to have come within the range of their practice and knowledge. In the most familiar transactions of life, witnesses will differ in their narration of the circumstances. In an account of a simple assault and battery, the bystanders frequently vary in their statement of the facts. Some narrate incidents which others omit. Conceding all the witnesses to be equally worthy of credit, the rule is to reconcile their evidence so that all will stand consistently together, if this be reasonably practicable. Some witnesses observe circumstances which others have not seen. Negative evidence is therefore deemed insufficient to outweigh affirmative statements from witnesses equally entitled to credit. One gentleman, in a long course of practice, may have failed to observe any case of the kind. Another, in a very brief period, may have noticed several. And it is reasonable to believe that where such a diversity of OPINION exists, each will be in some measure influenced by his own professional experience, and that this will also, to some extent, affect his belief in the cases reported by others. There are doubtless many of these cases where the struggle for character and

property, and the circumstances of the parties whose interests have been involved, have furnished temptations to falsify, and may have influenced the decisions of the tribunals. But after making all proper allowances for cases of this description, the whole evidence, on the question, when fairly considered, appears to show that cases of protracted gestation are not impossible, although their existence is very unusual.

The heads of wheat in the same field do not all ripen together. The ears of corn on the same stalk do not all come to maturity at the same time. Even the grains of corn on the same ear ripen at different periods. The fruit on the same tree shows the like deviation. A portion will ripen and fall, while other portions remain comparatively green upon the parent stalk. The eggs of the fowl, under process of incubation at the same time, are subject to the same variation. In quadrupeds, if the testimony of M. Teissier be believed, we have proof of the like irregularity. Whatever may be the causes, operating in each case, to divert nature from her accustomed course, to accelerate or delay her usual progress, the human species, like the rest of creation, seem occasionally under their influences. The developments of puberty, although generally shown at a certain age, are far from regular. Some individuals approach it earlier—others later in life. Intellectual maturity is subject to the same irregularities. Some are precocious, others astonishingly tardy in arriving at the usual degree of discretion. The intervals between the catamenial visits, although in general regular and fixed, exhibit remarkable deviations. Their final departure, although generally to be expected at a certain age, are as irregular as their first approaches, and as subject to variation as were their periodical returns. A certain period of life has been usually assigned for the termination of a mother's perils, but the instances of extensive deviations from this general rule are numerous and well established. The gestation of one child at a time, is according to the usual course of nature, but the births of twins, triplets, &c., furnish indubitable proofs of astonishing departures from the usual course. The sensations of the mother produced by the elevation of the fœtus from the cavity of the pelvis (called quickening) although usually occurring at a certain period, are known to be subject to the like departure from the usual time. It has been said that human life does not generally extend beyond 70 years. But if this be the general rule the departures are numerous. The most distinguished jurist perhaps now living in the whole world (Chancellor Kent) will be 83 years old on the 31st of July next; and yet, within a few days, I have been honored by the receipt of a letter from him, under date of the 18th inst., in which he states that he is still in "good and active health—that his relish and ardor for studies and legal learning continue unabated—that he has the blessing of good eyes, and that he is still an observer of what passes with lively sensibility." This instance may serve to illustrate not only the occasional deviation from general rules respecting the duration of human life, but the like variation in respect to intellectual vigor, by which one individual attains a pre-

eminence over the generality of mankind. All nature abounds with occasional departures from her general customs. Even the compass, which guides the mariner on the trackless ocean—which enables science to fix with reasonable certainty the boundaries of kingdoms and farms, and the truthfulness of which to its accustomed law has been perpetuated by a proverb--is subject to mysterious but acknowledged variations.

From analogy, and from the statements of distinguished authors and eminent witnesses, after making every allowance for mistakes, and the operation of unfavorable influences, we are led to the belief that, although Nature delights in adhering to her general usages, she is occasionally retarded in her progress, and otherwise coerced, by causes not always apparent, into extensive deviations from her accustomed path. And we are induced to believe that protracted gestation, for the period of 313 days, although *unusual* and *improbable*, is not *impossible*. The evidence to establish the existence of such a considerable departure from the unusual period, should be clear and free from doubt. The witness should possess a character beyond reproach, and her testimony should be consistent and uncontradicted in all material facts. If the jury are satisfied that the evidence for the Commonwealth is of this character, the unusually long period of gestation does not require them to disregard it. The law fixes no period as the *ultimum tempus pariendi*. The usual period has been stated, but longer time may be allowed, according to the opinions of physicians and the circumstances of the case. The question is, therefore, open for the decision of the jury. If they believe the witness they may find the defendant guilty.

Here the Court drew the attention of the jury to the prominent facts, tending on the one side to impeach, and on the other to support, the credit of the prosecutrix; and then left the case to the jury, with the direction that if they entertained reasonable doubts of the defendant's guilt, he was entitled to an acquittal.

April 24th, 1846. ELLIS LEWIS.

The jury found the defendant *guilty*, and the usual sentence was passed."

The weight of authority is certainly with those who admit considerable variations in the duration of pregnancy. Positive facts, and abundant analogy, conclusively establish this point. According to our own experience, the same woman may differ in different pregnancies; while some always anticipate the period of nine months, others constantly exceed it: but that in a natural condition of things it should be extended to *three hundred and thirteen days*, is, we confess, stretching the matter very far. We think it highly probable that the long courtship of the parties, in this case, had not a little influence on the minds of the jury, in arriving at the conclusion expressed by their verdict.—EDITOR.

NATIONAL MEDICAL CONVENTION.

New York, May 5, 1846.

At a meeting of the National Medical Convention, pursuant to the call of the New York State Medical Society, convened in the building of the Medical Department of the University of the city of New York, on motion of Dr. Edward Delafield, of New York, Dr. Bell, of Philadelphia, was appointed Chairman, and Dr. Buel, of New York, Secretary, to act until the Convention be duly organised.

Drs. Baxley, of Maryland, Davis, of New York, and Arnold, of Georgia, were appointed a committee to receive the credentials of Delegates.

The Committee, after having performed that duty, made the following report:—

The Committee appointed to examine the credentials of the Delegates to the National Medical Convention, recommended to be held by the New York State Medical Society, in the city of New York, report, that they have performed that duty.

The Committee have felt themselves embarrassed by conflicting resolutions passed by the New York Society in 1845 and 1846, viz.: in 1845, it was "*Resolved*, that the New York State Medical Society earnestly recommend a *National Convention of Delegates* from Medical Societies and Colleges in the whole *Union*, to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some *concerted action* on the subject set forth in the foregoing preamble."

In February, 1846, it was "*Resolved*, That the preamble and resolutions passed by this Society at its annual session, Feb. 6, 1845, did not contemplate the appointment of Delegates to the National Convention, by County or merely local Societies in those States where Delegates *are* appointed by a regularly organised *State* Society."

They have therefore thought proper to report the names of all gentlemen from Medical Societies, Colleges, and Institutions, of all the States who come properly accredited, in accordance with the original resolution, and leave it to the Convention to determine whether such shall constitute the National Medical Convention; or whether the interpretation of the resolution of 1845, adopted by the N. Y. Society in 1846, which excludes delegates from local or voluntary societies from States sending delegates from regularly organised State Societies shall be strictly adhered to.

Respectfully submitted,
H. W. Baxley,
N. S. Davis,
Richard D. Arnold,

The following list of Delegates was then handed in:—

FROM VERMONT.

Society of the Alumni of Castleton Medical College.—Drs. Simeon A. Cook, Joseph Perkins, Egbert Jamieson, Horace Green.

Vermont Medical College.—Dr. Alonzo Clark.

FROM NEW HAMPSHIRE.

Centre District N. H. Medical Society.—Drs. Charles P. Gage, Richard P. J. Tenney.

FROM MASSACHUSETTS.

Berkshire Medical Institute.—Dr. Alonzo Clark.

FROM CONNECTICUT.

State Medical Society.—Drs. V. M. Dow, Rufus Blakewood, William H. Cogswell, J. G. Beckwith, Eleazar Hunt, D. T. Brainard, Richard Warner.

Medical Institution of Yale College.—Drs. J. Ives, J. Knight.

FROM NEW YORK.

Medical Society of City and County of New York.—Drs. James R. Manley, Isaac Wood, John W. Francis, Benjamin Drake, Gilbert Smith, W. W. Minor, F. U. Johnston, James Stewart, Thomas Chalmers, H. D. Bulkley, W. P. Buel, J. R. Wood, John S. Heard, A. N. Gunn, B. R. Robson, John Watson, J. S. Ferguson, R. L. Morris, R. T. Underhill, S. P. White, J. R. Van Cleek, J. C. Cheesman, A. C. Post, G. Buck, O. S. Bartles.

N. Y. Medical and Surgical Society.—Drs. F. Campbell Stewart, J. A. Swett, Edward L. Beadle.

Bloomingdale Asylum —Dr. Pliny Earle.

Kings Co. Medical Society.—Drs. Chauncey L. Mitchell, Bradley Parker, J. Sullivan Thorne, T. L. Mason.

Alumni Geneva Medical College.—Drs. Peter Wilson, H. M. Gray.

Medical Faculty of College of Physicians and Surgeons.—Drs. John B. Beck, Willard Parker.

Medical Society of State of New York.—Drs. John Stearns, Stephen Hasbrouck, Merrit H. Cash, S. M. Crawford, Joel A. Wing, Daniel Ayres, Darius Clark, Thos. W. Blatchford, Sumner Ely, John McCall, N. S. Davis, Augustus Willard, L. G. Tefft, Alexander McIntyre, Maltby Strong, Charles Winnie.

Madison Co. Medical Society.—Dr. D. E. Hurd.

New York Hospital.—Dr. J. H. Griscom.

University of the City of New York.—Drs. G. S. Pattison, G. S. Bedford.

Buffalo Medical Association.—Dr. Bryant Burwell.

Erie Co. Medical Society.—Dr. Austin Flint.

Albany Medical College.—Drs. J. McNaughton, A. March.

Genesee Medical Society.—Dr. John Coates.

Trustees of the College of Physicians and Surgeons.—Drs. A. H. Stevens, Thomas Cock, Edward Delafield.

Geneva Medical College.—Dr. Charles A. Lee.

FROM PENNSYLVANIA.

Philadelphia Medical Society.—Drs. John Bell, Henry Bond, Geo. W. Norris, Isaac Hays, Isaac Parrish, Joseph Warrington, Alfred Stillé, J. Rodman Paul, Francis West, Gouverneur Emerson, Caspar Morris, Meredith Clymer.

Medical Department of Pennsylvania College.—Drs. H. S. Patterson, W. A. Atlee.

FROM DELAWARE.

Medical Association of Wilmington.—Dr. Lewis P. Bush.

Medical Society of Delaware.—Drs. James W. Thompson, E. S. Richard, William W. Stewart, William Cummings, Gove Saulsbury, James Couper.

FROM MARYLAND.

Washington Medical College.—Drs. H. Baxley, Charles Bell Gibson.

FROM VIRGINIA.

Medical Society of Virginia.—Drs. Robert W. Haxall, Samuel A. Patteson, Charles Mills, Frederick Marx, James Conway, J. Cullen.*

FROM GEORGIA.

Georgia Medical Society.—Dr. Richard D. Arnold.

FROM MISSISSIPPI.

Mississippi State Medical Society.—Drs. E. D. Fenner, of New Orleans, C. S. Magoun.

FROM INDIANA.

La Porte University.—Dr. Azariah B. Shipman.

FROM ILLINOIS.

Medical Department of Illinois College.—Drs. Edward Mead, William A. Cheatham.

FROM TENNESSEE.

Medical Society of Tennessee.—Dr. Wm. A. Cheatham.

It was on motion *Resolved*, that the Committee be continued to receive the credentials of such Delegates as may hereafter arrive.

On motion of Dr. Arnold, it was *Resolved*, that all gentlemen who have presented credentials from any regularly organised Medical Society in this Union, be considered members of this Convention.

It was moved by Dr. Davis, and carried, that Dr. Theophilus C. Dunn, President of the Rhode Island State Medical Society, be invited to take a seat as a member of this Convention.

It was moved by Dr. Underhill, and duly seconded, that all medical gentlemen in good standing, who may be present from States not otherwise represented, be admitted as delegates, which motion was carried.

Drs. E. C. Marsh, and Lyndon A. Smith, of New Jersey, were invited to take seats under the above resolution.

On motion, a Committee of one from each State represented in the Convention, was appointed to nominate officers for the Convention.

The following gentlemen were appointed:

From New Hampshire, Dr. Gage; Vermont, Dr. Cook; Massachusetts, Dr. Clark; Rhode Island, Dr. Dunn; Connecticut, Dr. Knight; New York, Stearns; New Jersey, Marsh; Pennsylvania, Bond; Delaware, Bush; Maryland, Baxley; Virginia, Haxall; Georgia, Arnold; Mississippi, Fener; Indiana, Shipman; Illinois, Mead; Tennessee, Cheatham.

*Dr. Cullen represented the Hampden Sydney College, (Medical Department,) Richmond.—*Ed. Bulletin.*

The Committee, after having retired, returned and made the following report:

The Committee appointed to nominate suitable officers to preside over the Convention, report that they have unanimously agreed to propose the names of the following gentlemen:—

For President.—Dr. J. Knight, of New Haven.

For Vice Presidents.—Dr. John Bell, of Philadelphia; Dr. Edward Delafield, of New York City.

For Secretaries.—Dr. Richard D. Arnold, of Savannah; Dr. Alfred Stillé, of Philadelphia.

The Report was adopted:—*Committee discharged.*

The Officers, with the exception of Dr. Delafield, took their seats.

Dr. Bedford, of the University of the city of New York, moved the following preamble and resolution, seconded by Dr. Pattison, also of the University of the city of New York:—

Whereas, the call of the State Medical Society of New York, for a National Medical Convention to be held in the city of New York on the first Tuesday in May, has failed in a representation from one-half the United States, and from a majority of the Medical Colleges; and whereas the State Medical Society has emphatically stated that there is no mode of accomplishing the object of the Convention, without concert of action on the part of the Medical Societies, Colleges and Institutions of *all* the States, therefore, Resolved, that this Convention adjourn *sine die.*

The Yeas and Nays were called on this, and were as follows:—

Yeas—Drs. Bedford and Pattison—2.

Nays—Drs. S. A. Cook, H. Green, C. P. Gage, R. P. J. Tenney, A. Clark, W. H. Cogswell, J. G. Beckwith, R. Warner, D. T. Brainard, B. Burwell, A. Flint, J. McNaughton, A. March, J. Coates, F. C. Stewart, J. A. Swett, E. L. Beadle, C. A. Lee, J. Bell, H. Bond, G. W. Norris, I. Hays, I. Parrish, J. L. Warrington, A. Stillé, J. R. Paul, F. West, G. Emerson, M. Clymer, W. A. Atlee, L. P. Bush, E. S. Richards, G. Saulsbury, J. Couper, H. W. Baxley, R. W. Haxall, S. A. Patteson, J. Cullen, R. D. Arnold, E. D. Fenner, A. B. Shipman, E. Mead, W. A. Cheatham, P. Wilson, D. E. Hurd, S. Wood, G. Smith, H. D. Bulkley, W. P. Buel, J. K. Wood, J. S. Heard, A. N. Gunn, J. Watson, R. L. Morris, R. T. Underhill, S. P. White, J. C. Cheeseman, A. C. Post, G. Buck, O. S. Bartles, S. Hasbrouck, J. A. Wing, D. Ayres, N. S. Davis, A. Willard, P. Earle, T. Cock, C. L. Mitchell, J. S. Thorne, T. S. Dunn, E. J. Marsh, L. A. Smith, W. W. Stuart, and J. Knight—74.

Dr. Clymer then offered the following resolution:—

Resolved, That a Committee be appointed to provide other accommodations for the sittings of this Convention, than in the University of New York.

Several amendments were offered to this resolution, but while they were pending, Dr. Haxall moved to lay the whole upon the table, which was carried—Yeas 34, Nays 31.

Dr. N. S. Davis moved the following, which was adopted:—

Resolved, That a Committee of nine be appointed to bring the subject of Medical Education before the Convention in the form of distinct propositions, suitable for discussion and action, and that it report at the next meeting.

The following gentlemen were appointed:

Drs. N. S. Davis, March, Hays, Watson, Brainard, Stearns, Bush, Haxall, Bell.

On motion of Dr. R. Wood, of New York, the President was added to the Committee.

Dr. Buel offered the following, which was adopted:

Resolved, That the Committee be instructed to receive and submit propositions on all subjects proper to be brought before this Convention.

On motion the Convention adjourned until 10 o'clock next morning.

Wednesday, May 6th.

The Convention met pursuant to adjournment. The roll was called, and 63 delegates answered to their names. The minutes of the last meeting were then read and confirmed. The Chairman of the Committee on Credentials announced the presence of Dr. C. A. Pope, delegate from the Medical Society of the State of Missouri, and of Drs. Anderson, G. Dana, J. Spaulding, and J. A. Allen, delegates from the Vermont Medical Society.

Dr. N. S. Davis, Chairman of the Committee, appointed at the last meeting to present the subject of Medical Education to the Convention in a form proper for discussion, and, generally, to prepare business for its action, reported that, owing to the short time allowed them, the Committee had not been able to agree in regard to the subject especially entrusted to them, but that they had unanimously determined to lay before the Convention certain resolutions which they believe adapted to fulfil the immediate objects contemplated by the Convention. Whereupon Dr. Hays, from the same Committee, submitted the following preamble and resolutions:

Whereas, it has been shown by experience, that the Association of persons engaged in the same pursuit, facilitates the attainment of their common objects, therefore—

1st. *Resolved*, that it is expedient for the medical profession of the United States, to institute a *National Medical Association*, for the protection of their interests, for the maintainance of their honour and respectability, for the advancement of their knowledge, and for the extension of their usefulness.

2d. *Resolved*, that a Committee of seven be appointed to report a plan of organisation for such an Association, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

3d. *Resolved*, that a Committee of seven be appointed to prepare and issue an address to the different regularly organised Medical Societies and chartered Medical Schools in the United States, setting forth the objects of the National Medical Association, and inviting them to send

delegates to a Convention, to be held in Philadelphia, on the first Wednesday in May, 1847.

4th, *Resolved*, that it is desirable that a uniform and elevated standard of requirements for the degree of M. D., should be adopted by all the Medical Schools in the United States, and that a Committee of seven be appointed to report on this subject at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

5th. *Resolved*, that it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education, and that a Committee of seven be appointed to report on the standard of acquirements which should be exacted of such young men, and to report at the meeting to be held on the first Wednesday in May, 1847.

6th. *Resolved*, that it is expedient that the medical profession of the United States should be governed by the same code of Medical Ethics, and that a Committee of seven be appointed to report a code for that purpose, at the meeting to be held at Philadelphia, on the first Wednesday in May, 1847.

Dr. J. S. Copes was announced to be a duly authorised delegate from the Medical Society of Mississippi; and Dr. G. H. White, of the Hudson Lunatic Asylum was admitted to a seat in the Convention.

Dr. G. S. Patterson moved that the Report of the Committee on Business be adopted. Carried, *nem. diss.*

Dr. Stearns moved that the resolutions be considered *seriatim*. Carried.

The preamble and 1st resolution were then adopted *nem. diss.*

The 2d resolution being under discussion, Dr. S. Hasbrouck moved that the committee to be appointed under that resolution, report on tomorrow morning. After some remarks by Drs. Haxall, Thomson, and Davis, the motion was withdrawn.

Dr. Griscom moved that the next Convention be held in September, 1847. After some remarks by delegates from the South, declaring that physicians of that region could not possibly be spared from their duties in the autumn, the motion was rejected.

The 2d resolution and then the 3d, were adopted without further discussion, *nem. diss.*

Dr. F. Hasbrouck, as Superintendent of the N. Y. City Lunatic Asylum, was here admitted to a seat in the Convention.

The 4th resolution was then adopted, *nem. diss.*

The 5th resolution, after some observations from Drs. Manley and H. S. Patterson, and the loss of an amendment proposed by the latter gentlemen, was adopted, *nem. diss.*

The 6th resolution was in like manner adopted, without debate; after which, on motion of Dr. Bush, the preamble and resolutions collectively were unanimously adopted.

The Convention then took a recess for half an hour, after empowering the President to fill the Committees called for by the resolutions just passed.

On reassembling, the Convention received Dr. G. Sumner, a delegate from the Medical Society of Connecticut.

Dr. Clymer asked and received permission to correct an error personal to himself in a report of a morning newspaper (the N. Y. Herald,) concerning the vote on Dr. Haxall's motion to lay on the table the resolution offered by Dr. Clymer for adjourning forthwith from the rooms of the Faculty of the University of New York city. The newspaper in question had stated that the only serious opposition to laying this resolution on the table proceeded from the delegates of the College of Physicians and Surgeons, whereas the vote had really stood 34 in favour, and 31 against disposing of the resolution in this manner.

Dr. J. B. Beck, of the Faculty of the College of Physicians and Surgeons, stated that so far from any opposition to laying the resolution on the table having proceeded from the body which he represented, neither he nor his colleague, Dr. Parker, the only delegates from that body, were even so much as present during the discussion, or at the vote, on the resolution.

The Secretary asked permission to insert the correction in the minutes of the last meeting as confirmed; stating that the vote was upon the original record of the proceedings, but had been omitted in transcription. Leave was granted.

Dr. Sumner moved to reconsider the 2d resolution; the motion, after remarks by Drs. Baxley, Haxall, and Davis, was laid on the table.

Dr. Bartles introduced the following resolution:

Resolved, That the union of the business of *Teaching* and *Licensing* in the same hands is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on Medical Colleges, and State and County Medical Societies, it should be restricted to one Board in each State, composed in fair proportion of representatives from its Medical Colleges and the profession at large, and the pay for whose services as Examiners should in no degree depend on the number licensed by them.

Dr. Sumner moved to lay the resolution on the table. After remarks by Drs. F. C. Stewart and Clymer, the motion was withdrawn.

Dr. Parrish moved that the resolution be referred to the Committee under the 4th resolution reported by the Committee on Business.

Dr. Baxley moved an amendment, which was accepted by Dr. Parrish, providing that all communication upon the subject of medical degrees be referred to the same Committee.

Dr. Manley remarked at length upon the subject of Medical Education. Dr. Baxley replied. Dr. Manley rejoined; and then moved to refer the resolution introduced by Dr. Bartles to a special Committee.

On motion, the subject was temporarily laid upon the table in order that the President might announce the Committees he had appointed.

They were as follows:

Under the 2d Resolution.—Drs. J. Watson, J. Stearns, F. C. Stewart, N. Y.; A. Stillé, Philadelphia; N. S. Davis, Binghampton, N. Y.; Cogswell, N. Haven, Conn.; Fenner, New Orleans.

Uuder the 3d Resolution.—Drs. E. Ives, Dow, and Sumner, of N.

Haven, Conn.; J. McNaughton, Albany, N. Y., Blatchford, Troy, N. Y.; Burwell, Buffalo, N. Y.; and Baxley, Baltimore, Md.

Under the 4th Resolution.—Drs. Haxall, and Cullen, Richmond, Va.; S. A. Patteson, Manchester, Va.; G. W. Norris, Philadelphia; A. Flint, Buffalo, N. Y.; J. Perkins, Castleton, Vt.; and J. A. Wing, Albany, N. Y.

Under the 5th Resolution.—Drs. J. Couper, Newcastle, Del.; L. P. Bush, and J. W. Thompson, Wilmington, Del.; E. Mead, Jacksonville, Ill.; A. March, Albany, N. Y.; J. Atlee, Philadelphia; and D. J. Brainard, New London, Conn.

Under the 6th Resolution.—Drs. Bell, Hays, and Emerson, Philadelphia, Morris, Dover, Del.; J. C. Dunn, Newport, R. I.; Alonzo Clark, N. Y.; and R. D. Arnold, Savannah, Ga.

Dr. Haxall moved that the President be added, as Chairman to the Committee under the 3d resolution. Carried unanimously.

The consideration of Dr. Bartles' resolution, as amended by Dr. Manley, was then resumed, and it was ordered that when the vote upon it is taken, it be taken by yeas and nays.

Drs. S. Hasbrouck and Davis remarked at length upon the subject of the resolution. Observations were also made by Drs. Baxley, and Underhill.

Dr. Sumner moved to lay the Resolution on the table. Lost by a vote of 34 to 40.

Dr. Parrish having withdrawn his amendment, the yeas and nays on Dr. Bartle's resolution, as amended by Dr. Manley, were called, when it was adopted by the following vote:

Yeas.—Drs. Arnold, Ayres, Bartles, Beadle, Beck, Bell, Bulkley, Barwell, Bond, Buck, Buel, Cheesman, Cock, Coates, Copes, Cummins, Cook, Davis, Delafield, Drake, Fenner, Ferguson, Gage, Gray, Griscom, Gunn, F. Hasbrouck, S. Hasbrouck, Heard, McGoun, McNaughton, Mitchell, R. L. Morris, B. Parker, W. Parker, Paul, Parrish, Pope, Rickards, Saulsbury, F. C. Stewart, W. W. Stewart, L. A. Smith, Stillé, Stearns, Swett, Thorne, Underhill, Van Kleek, Warner, Watson, Warrington, West, Willard, S. P. White, G. H. White, Wing, J. Wood, J. R. Wood.—59.

Nays.—Drs. Baxley, Beckwith, Bedford, Blakeman, Brainard, Bush, Cheatham, A. Clark, Clymer, Couper, Cullen, Emerson, Flint, Gibson, Hays, Haxall, Lee, March, H. S. Patterson, G. S. Pattison, S. A. Pateson, Shipman, Sumner, Thompson.—24.

Dr. Griscom moved that a Committee of *five* be appointed to consider the *expediency*, and if expedient, the *mode*, of recommending and urging upon the several State governments the adoption of measures for a registration of the births, marriages, and deaths, of their several populations. Carried, *nem. diss.*

Dr. McGoun moved that the thanks of the Convention be presented to the officers of this Convention, for the prompt and efficient discharge of their duties. Carried, *nem. diss.*

Dr. Griscom, introduced the following resolution:

Resolved, That Mr. Lemuel Shattuck, of Boston; Drs. Jarvis, of

Dorchester, Mass.; Emerson, of Philadelphia; T. R. Beck, of Albany; and C. A. Lee, of N. Y.; be a Committee to prepare a nomenclature of diseases, adapted to the United States, having reference to a general registration of deaths; to report to a future Convention, which was adopted; and on motion, Dr. Griscom was added to the Committee as Chairman.

Dr. Swett, of N. Y., offered the following, which after receiving the approbation of the delegates from New York, was adopted:

Resolved, That a publication of the proceedings of this Convention be made in pamphlet form; that ten thousand copies be printed; that the New York City delegation assume the expense; and that it be referred to the first Standing Committee.

The President then announced the Committees appointed by him, under the resolutions of Dr. Bartles, and of Dr. Griscom, as follows:—

Under Dr. Bartles, in reference to the separation of teaching and licensing: Drs. McNaughton, Albany, N. Y.; J. R. Manley, N. Y.; J. W. Francis, N. Y.; Isaac Parrish, Philada.; R. Blakeman, Fairfield, Conn.; J. Cullen, Richmond, Va.; and Thomas Cock, N. Y.

Under that of Dr. Griscom, in reference to the subject of registration: Drs. J. H. Griscom, N. Y.; G. Emerson, Philada.; A. Clark, N. Y.; C. A. Lee, Geneva, N. Y.; and James Stewart, N. Y.

The following resolution, offered by Dr. Thomson, of Delaware, and seconded by Dr. Clymer, of Philadelphia, was unanimously adopted:

Resolved, That this Convention hereby tender to the Medical Faculty of the City of New York, and to the Trustees of the College of Physicians and Surgeons of the State of New York, its unanimous thanks for the courteous offer of their respective buildings for the sitting of this Convention.

Dr. Bell introduced the following resolution, which was adopted, *nem. diss.*

Resolved, That the Convention give its approval to the objects and labours of the Sydenham Society.

Dr. Cogswell offered the following resolution, which was unanimously adopted:

Resolved, That the thanks of this Convention be presented to the President, for the able, gentlemanly, and impartial manner in which he has discharged the duties of the Chair.

Upon motion of Dr. Hays, the Convention then adjourned, *sine die*.